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# *today's health*

Your Baby's Skin



Is Your Weight Normal?  
What We Know About Colds  
"I Married an Alcoholic"

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dishes by sweetening with*

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# today's health

ESTABLISHED IN 1923 AS HYGEIA

January 1956 / Volume 34 / Number 1

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Healthy View of Vision M. Robert Barnett  
Skin "Cures" George M. Lewis, M.D.  
NEWS Alton L. Blakeslee  
E Carl J. Potthoff, M.D.  
OF AN ALCOHOLIC PART I Virginia Conroy  
OUT COLDS Bruce Bliven  
OF BOWELS" Edward L. Bortz, M.D.  
RTALS Edited by Noah D. Fabricant, M.D.  
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BLIND Photos by Orlando (Three Lions)  
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# today's health

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# THAT'S A GOOD QUESTION

Edited by  
**WILLIAM BOLTON**  
M.D.

## Emotion and Stroke

*My 60-year-old father suffered a slight stroke recently, and the doctor told us that we must be careful to keep him from getting upset. Is this because excitement is likely to raise his blood pressure and cause another stroke? His blood pressure has always been normal, but he has a pretty strong tendency to fret about things.*

Your doctor is basing this sound advice on well-established evidence that emotional stress can contribute to the occurrence of cerebral apoplexy, or stroke. But apparently blood pressure increase is not as important a factor as is the production of spasm in the arteries supplying the brain. This complication of situations where the patient is flooded with feelings of unrelieved tension has been established as a definite possibility in many persons. Even brief shutting down of the arteries may produce permanent brain damage. Of course, this is not the only possible cause of stroke. In fact, it may not operate to any marked extent in some people who have strokes.

## Metal Parings in Juice

*One morning I found two tiny, wirelike pieces of metal on the bottom of my glass of orange juice. I think these were parings from the top of the orange juice can, cut off while I was using a can opener. Do you think this situation is injurious?*

There is no can opener on the market that can be depended upon to open cans cleanly. The danger of swallowing any such material is slight; any metal that may get in your orange juice would be certain to settle to the bottom and would be noticed before it was swallowed. Even if ingested, pieces of the size you describe would pass through the body without harm.

Since orange juice is probably the most important common source of vitamin C, we recommend that you continue using it, being careful to study the bottom of the container for metal shavings.

## Rh Trouble Uncommon

*Why is so much emphasis put on the dangers of the Rh factor? I am Rh negative and my husband is Rh positive, but we have five perfectly normal children. Isn't it true that the chance of any real trouble occurring is pretty remote?*

Your case has been duplicated many times, fortunately. It is not possible to assemble exact figures about the chance of trouble developing when prospective parents have different Rh characteristics, but undoubtedly the incidence is low. Identification of this possibility has resulted in saving the lives of many children. The attending physician can determine, through tests made throughout pregnancy, whether any antagonism is developing in the mother's blood, and so will be pre-

pared to treat the child effectively at birth.

There are various ways in which the blood of an Rh negative mother may be caused to react against the baby. Small amounts of the infant's blood get into the mother's blood stream on occasion, and if the child is Rh positive this will produce a reaction in the mother who is Rh negative. Such passage of blood does not occur in all pregnancies. If it should occur in three or four successively, considerable reaction might be produced in that mother, and each subsequent child would run a greater risk of being affected. Rh negative mothers who have received Rh positive blood in earlier transfusions are already sensitized, and if blood from the infant should get into the maternal circulation, a strong reaction would probably develop. Now that it is recognized that Rh differences are important, doctors are careful to use only Rh negative donors for Rh negative patients. As you may know, Rh information is now provided on the cards of all blood donors.

## Medical Insignia

*I am confused by the two different emblems apparently used for medical insignia. One is the staff with a serpent coiled around it, and the other is the wand of Hermes, with two snakes and wings at the top. Which is the correct one?*

The correct medical insignia is the staff of Aesculapius, around which a serpent is entwined. There are no wings on this staff. According to mythology, a serpent crawled into the tent where Aesculapius was treating a patient and twined around his staff. This was supposed to impart great knowledge to the healer, making him more effective in treating disease. The other emblem, the wand of Hermes, is crowned with a pair of wings to indicate his position as

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Dr. Bolton, associate editor of *Today's Health*, is also associate director of the American Medical Association's Bureau of Health Education. In that capacity he answers each month an average of 1000 inquiries, from which these "good questions" are selected.

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messenger of the gods. The snakes are supposed to have been added when he found two snakes fighting and separated them. The real meaning of Hermes' wand is peace and pacifism. This was undoubtedly the reason medical workers in our armed forces adopted the insignia. It is easy to see why the thinking about this got confused, so that now many people believe the Hermes insignia refers to medicine although this is not so.

**Protein for Oldsters**

*I read an article which claims older people should have an intake of 1.4 grams of protein per kilogram of body weight a day. Since I weigh 200 pounds, I should have an intake of close to 140 grams of protein. Is not this amount too high? It would take about 16 eggs per day to make 140 grams.*

We do not know that older people have an increased requirement for protein, if they have been getting enough throughout their life. The recommended daily dietary allowances of the Food and Nutrition Board do not specify an increased protein intake for older people. Of course, when elderly people have a negative nitrogen balance, it may be necessary to increase the daily protein intake to more than one gram per kilogram of body weight. Only your personal physician can advise you if this is necessary.

**More Physicians Everywhere**

*How much of an increase has occurred in the number of doctors in this country? Are medical services more available now than ever?*

Latest figures assembled by the Council on Medical Education and Hospitals of the A.M.A. are for 1954. During that year, the number of new physicians licensed was 7917. There were 3667 deaths among physicians, which means the total was increased by 4250. This is a marked increase over previous years, and it is proportionately greater than the increase in the nation's population.

Equally important, an increasing

**THIS VALUABLE NEW BOOK IS FREE**



**"Meal Planning for the Sick and Convalescent"**

Whatever type of diet the doctor prescribes—Light, Bland, Soft, Liquid or Clear Liquid—this new 32-page book helps you to follow through.

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number of new physicians are locating in small towns. This trend has been encouraged by special assistance programs set up by state medical associations, as well as by special national and state physician placement services. This means that the physician supply is being distributed more evenly throughout the country, and more areas have adequate medical care.

#### Heart Valve Damage

*A friend who has mitral stenosis says the valves of her heart have been destroyed and replaced by a ring of scar tissue. Does this mean that blood cannot pass into the lower part of the heart from the upper chamber? She had rheumatic fever several years ago.*

The mitral valves, between the right auricle (upper chamber) and the ventricle, are not destroyed. Instead, scar tissue that forms in them as a result of rheumatic fever makes them stiff and rough. They cannot open and close as completely as they did before, and the scarring deforms the edges of the valves, preventing

their meeting snugly. The problem that results is not due entirely to inability of the blood from the auricle to get into the ventricle, although in some cases the normal opening may be narrowed because of stiffening of the valves. The chief difficulty is that when the ventricle contracts to drive the blood into the aorta and through the body the deformed mitral valve remains partly open. This means that some of the blood is forced back into the auricle. The reversal of the normal direction of flow in turn slows circulation through the lungs, and eventually the right side of the heart. Even the return flow from various parts of the body finally will be slowed up. This is what causes the swelling in ankles, legs and other body parts. Fluid leaks through the vein walls into the tissues from the semistagnant blood. In many cases, the valve scarring is not severe, and a person can lead a virtually normal life. Extreme cases may be relieved greatly by heart surgery in which a portion of the scar tissue about the valve is cut away.

#### "Food Dumping"

*Several months ago I had an operation in which a large part of my stomach was removed and am now having attacks of what my surgeon calls "food dumping." He has told me about it, but I wonder if you could explain what the cause is. I am on a careful diet, which seems to help quite a bit.*

The underlying cause of the condition you describe is probably the fact that food taken in an average meal cannot be retained in the remaining part of the stomach for the usual period of digestion, and is "dumped" into the small intestine. It is well-recognized that such a sequence of events may be observed after part of the stomach is removed. Symptoms are sometimes widespread, and may include a feeling of "bloating," excessive sweating, nausea and vomiting, rapid heart action, movement of large amounts of gas in the intestines, and sometimes even fainting. A great many theories have been developed to explain why these dis-



#### A PLATFORM FOR TODAY'S HEALTH

- Clean air over our cities
- Public health services for every county
- Voluntary sickness and hospital insurance for all self-supporting people, and community aid for those in need
- Clean, wholesome food and drink for everybody
- Health education and health protection for every child in school
- Physical education adapted to the age and capacities of every child
- A family doctor for every family
- A fight against fraud and quackery



turbing symptoms often are so general.

The trouble occurs at the end of a heavy meal or shortly thereafter, and usually is relieved by lying down. In most cases, the patient soon learns to avoid this problem by limiting the amount of food eaten at any one time and making up for it by eating at more frequent intervals. Fortunately, after a few months most such patients can return to a normal routine, eating any food desired in any reasonable amount.

**Bone Pinning is Old Stuff**

*I have a friend who recently has had a pin put in his hip, and he claims it is a new operation and that he is in an unusual class. I don't know, but for our information could you tell me when this sort of thing was first done?*

There may be features about your friend's recent operation that make it unusual, but placing a pin in the hip is not one of them. The use of metal to hold broken pieces of bone in proper alignment was first tried by the British surgeon Sir William Arbuthnot in 1907. In the same year, a special metallic bone nail was also introduced. The type of "nail" used for fixation of the broken fragments, when fracture of the femur near the hip joint occurs, was developed in 1931. The piece of metal has three flanges, making its insertion into the bone much easier than if a round piece were used, and also causing much less bone displacement. An added advantage is that the piece of metal cannot turn once it is in place.

**What Is Night Blindness?**

*When driving at night I have night blindness almost every time I pass a car coming toward me. What are the best foods to increase the amount of vitamin A in my body? Would it be a good idea to carry vitamin A pills in my car?*

Before true night blindness can be considered to exist, we should exclude the possibility of unusual sensitivity to the glare of approaching

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If you know ALL the ways of reaching foreign countries, you don't need fantastic sums of money in order to travel. You could spend \$550-\$1000 on a one-way luxury steamer ticket to Buenos Aires, or you can get there for \$108 in fares via bus and rail through colorful Mexico, Panama, Colombia, Peru, the Andes, etc.

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Order any of these books before Feb. 15, 1956 and receive a free copy of *Lands in the Sun*, a guide to where to stay a while—even retro—in Mexico, the West Indies, and other lands to the south where the dollar buys so much more.

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It's yours for just \$1, and the big 130-page 1956 edition includes practically every passenger carrying service starting from or going to New York, Canada, New Orleans, the Pacific Coast, Mexico, South America, England, France, the Mediterranean, Africa, the Indies, Australia, the South Seas, Japan, Hawaii, etc. There's a whole section called *How to See the World at Low Cost* plus pages & pages of photos and maps.

A big \$1 worth, especially as it can open the way to more travel than you ever thought possible. For your copy, simply fill out coupon.

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Do you know where to stay in the cities you'll visit (which are the comfortable, lower cost hotels recommended by Americans who've been there), how to schedule every day of your trip—whether it's to Europe, the West Indies, Mexico, South America—and whether you'll be gone 10 days, a month, or longer? Do you know what to do about excess baggage to avoid heavy additional costs; how to save

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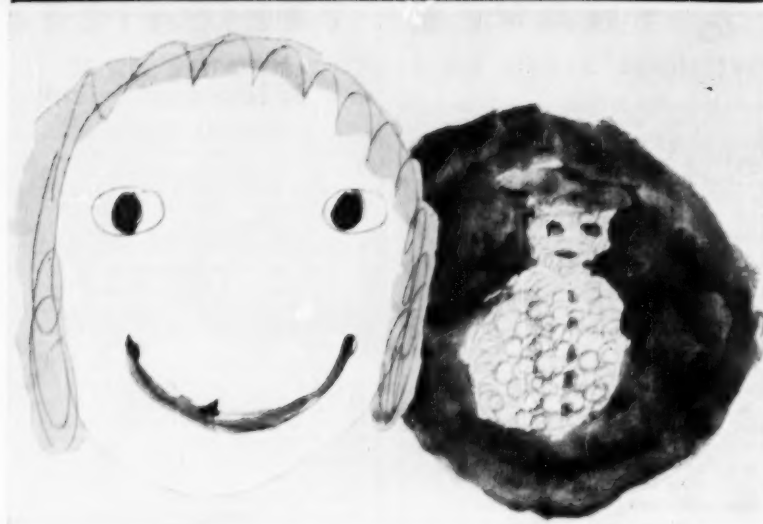
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## CHILD'S IDEA OF A FINE SALAD

A suggestion we hope proves interesting and fun to do



### Snowman Salad

Some children like salads and some "just don't." But here is an intriguing way of presenting salad to the most finicky because most youngsters fall for this tempting-looking snowman. Easy to make.



Here is Dorsse, age 9. This is the little girl who dreamed up this fine-tasting snowman salad, of cottage cheese.

"Don't try to stand the snowman up," she says. "It keeps its shape better lying down as I have drawn it."

#### So easy to make

In fact it is all so simple and easy even a 6-year-old can do snowman salads without any grown-up's assistance.

It's fun and delicious and a young person can take a great deal of

pride in making and serving. No two snowmen come forth exactly alike and that gives child chance for self expression.

You need a big carton of cottage cheese. On a small plate, shape the cheese into snowmen. Put piece of lettuce on his head for a hat.

Snowman's eyes, nose, mouth and buttons are cut-up carrot. Adds taste, too. In most schools today, children learn about need for salads in nutrition lessons.

#### Let all get into act

Boys often enjoy fixing things in the kitchen, too—especially when it is simple like this snowman.



### Wholesome, tasty treat they all love!

The pleasant chewing of Wrigley's Spearmint Gum helps exercise and keep young teeth clean (without urging). And the flavor satisfies for a bit of sweet.



headlights. Many thoughtless drivers keep their bright lights on without regard for other motorists, and these will blind even a normal person momentarily if they strike the eye with full force. Also, any driver with uncorrected nearsightedness is more sensitive to glare, because his pupils are more widely dilated to improve his vision.

There is a fixed idea that night blindness of the type described is due simply to lack of vitamin A, but

Questions involving diagnosis or treatment should be referred to the family physician. Dental inquiries are sometimes answered here through the cooperation of the American Dental Association.

night blindness in itself is not necessarily a symptom of vitamin A deficiency. If the condition is suspected, one should have studies made by a physician. Dietary habits must be investigated carefully. If the blindness occurs only on the road when passing a car, you should note whether it is due simply to looking directly into the approaching lights, instead of fixing your gaze on the right side of the road. This is a rather common error. Another factor to recognize is the inevitable loss of eye efficiency with advancing years. Taking vitamins will not correct either of these factors.

#### The Value of Porter

*Please tell me what value porter has in regard to a low blood count. Is it high in calories?*

If the problem is simply one of insufficient red blood cells, there is considerable doubt that porter—the heavier malt beverage—or any other food or drink is of real value. It would be more important to make studies to find why the cell total is being reduced faster than new cells can be formed. Your physician will want to exclude unsuspected bleeding in the intestinal tract, for example, or chronic infection that could cause red cell destruction. In many cases of secondary anemia, the low hemoglobin may be counteracted in part by giving various iron preparations and perhaps foods contain-

ing iron. Porter is not an especially good source of iron. Its calorie content is about the same as that of beer, approximately 140 calories in eight ounces.

### Safe Food Preserving

*Is sodium diacetate harmful when added to retard spoilage in bread? I note that the labels on many kinds of cake and bread mention it. I have read also that the coloring in many cheeses, gelatins, cake mixes and so on contains coumarin, which I have heard is poisonous. Is this true? Usually the ingredients only list "artificial color added."*

We know of no evidence that sodium diacetate is harmful as used in bread to prevent spoilage. The Food and Drug Administration permits the use of this substance in bread as a mold inhibitor, providing not more than 0.4 parts are used for each 100 parts per weight of flour.

Any food article in interstate commerce containing artificial coloring is safe for human consumption. All synthetic coloring materials must be approved by the Food and Drug Administration before they are used in food. Coumarin is a synthetic vanilla flavoring that is no longer used in foods, according to our records.

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## How to cure meals of "vitamin loss"



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Thick-cast Club Aluminum cooks evenly all around: top, sides and bottom. Full flavor and nutrition stay in the food.



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### MAN, THE ETERNAL BABY

By Joost A. M. Meerloo, M.D.

The insect is born with all it needs to know in life. Man never quite grows up—but he never stops learning. And that lucky fact is involved in Brotherhood Week, in the same use of atomic energy, in the fumbling of the teen-ager (and the middle-ager, too, for that matter). We bring you this truly basic article precisely because *Today's Health* readers are pretty bright—so bright that we take it as a compliment and a responsibility that you do read us.

### EASING THOSE DIFFICULT YEARS

By Julie E. Miale, R.N.

Both husbands and wives can profit from this trained nurse's reassuring and practical discussion of the change of life.

### HYPNOTISM: HUMBUG OR HEALING?

By James A. Brussel, M.D.

The truth is that it can be either, depending on who uses it, for anything in the hands of a phony is about as good as a three-dollar bill. We're glad to offer another article by a psychiatrist who, over nearly ten years, has given us some of the meatiest and liveliest we've had.

### SORE THROAT

By Noah D. Fabricant, M.D.

Dr. Fabricant is one of the authorities cited in Bruce Bliven's fine article about colds on page 24. Next month he tells the kinds and causes of sore throat, what you can do about them, and enough about treatment so that you can understand the doctor's aims if you should have a sore throat that requires his attention.





## *Prima Donna*



Whatever your "role" in life, and the modern woman fills many, the eyes of the public are turned on you. Husband, employer, children and friends look at you every day. Do you give as much thought as you should to what they see? Some women have so many outside interests that they neglect themselves; others cling to beauty habits formed years ago. Our patrons obtain the maximum results with a minimum of effort through their Luzier Beauty Service . . . Spend an hour with the Luzier Cosmetic Consultant in your community. Plan a Beauty Program just for you. Then you can stand in the spot-light and face your audience with perfect confidence.

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## THE EDITOR CORNERED



THE EDITOR recently had the pleasure of addressing a meeting of people interested in setting up proper standards for the handling of machinery used in pasteurizing, bottling and handling milk. Represented in the group were public health officials, dairy producers and machinery manufacturers.

Since the proper production and distribution of milk depend on the right machinery, and the quality of milk depends on the dairy industry and law enforcement by government officials, this is an ideal group for the establishment of standards which all three must meet.

We in the United States are so accustomed to good milk that we take it for granted, often not realizing how much labor and deliberation go into the bottle of milk we pick up with so much assurance and with which so few of us are ever disappointed.

The Editor was impressed with a parallelism between this effort and the cooperative effort of the medical profession with educators and public health officials in furthering the health of the school-age child.

Maybe another word for democracy is cooperation.

DEPARTMENT OF ULTIMATE FRUSTRATION. Anyone who has never made movies may be surprised at what is involved, and so the Editor is passing along some of his recent experiences making a series of motion pictures, "Baby Time," which is now on television in at least 18 cities.

In each of these telecasts, the Editor appears on an average of four to

five minutes. It takes from two to four hours to film each brief show . . . First in the procedure is a rehearsal of what the Editor is going to say, where he is going to stand when he says it and what he is going to do by way of demonstration—use of objects or pictures or blackboard demonstration.

Meanwhile, the two cameras are being turned on the action and lights are being adjusted, and after 15 to 30 minutes of preparation the director announces that "we're ready to shoot" . . . At this point the sound man who is manipulating the microphone on a long boom announces that we will have to pause while a new reel of tape is put on the recorder . . . This done and everyone poised to shoot, a camera man points out that the shadow of the microphone is on the back wall of the "office" . . . This adjusted, the script girl calls a halt to come forward and mop the beads of moisture off the perspiring Editor's brow . . .

We proceed again to shoot, but it is noted that moving the camera dolly causes a floor board to squeak . . . We stop to pour water on the floor board or try to turn the dolly around it and now we are ready to shoot . . . Then the director notices that the window from the office into the nursery, which is covered by curtains, allows patches in the nursery to be seen which ought not to be seen; these are removed and again we are ready to shoot . . . This time we start shooting and three or four sentences have been spoken when the sound man calls out, "cut." He informs us that a "broad" is singing.

A broad is a large horizontal light unit and, when it sings, one of the lights is about to burn out. So we stop to put in a new light.

At about this time, the Editor sinks down into the nearest chair to wait until they are ready again. He gets his brow mopped once more and one of the camera men suggests that it would be nice if he would straighten his tie . . . Again we are all poised and ready to shoot and one of the camera men says, "Hold it—the doctor isn't standing in the same place he did during rehearsal." So we get that adjusted and again we start. We get halfway through the sequence when the Editor gets his tongue tangled around a word and cannot untangle it and so the director yells, "cut," and we start all over again . . . In one three-minute take, the Editor was on the last phrase when someone burst through the studio door and fell over a chair and again we started at the beginning . . .

Of course, not all these things happen every time, but they do happen often enough so that the taking of an acceptable film of good picture quality and acceptable recording is a painstaking and costly business. No one who has ever had a part in it will ever again think that movie actors live an easy life. The taking and assembling of a major motion picture is a monumental task and its costliness is easier to understand when one has had experience in the making even of simple motion picture films.

SPEAKING OF PESSIMISTS (who was?), everybody knows the little rhyme:

*"Twixt optimist and pessimist  
The difference is droll.  
The optimist the doughnut sees,  
The pessimist—the hole.*

But here's another thought:

*"Twixt optimist and pessimist  
I like the middle role.  
I love to see the doughnut,  
But I don't forget the hole.*

AND SO the Editor securely disguised and unnaturally handsome in his movie makeup retires to the farthest corner of his corner comfortably . . . CORNERED.

W. W. Bauer, M.D.



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Mothers prefer  
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for their Children



**Ginny likes the Taste . . .**

Ginny knows that new, flavored Children's Size Bayer Aspirin *tastes good*. That's why she takes it so willingly—without one bit of fussing or fretting. She either chews it or lets it melt on her tongue . . . drinks it dissolved in water . . . or mixes it with her food.

**Mother likes the Quality . . .**

Mother knows that when it comes to medicines especially, nothing but the highest quality is good enough for her child. You cannot buy an aspirin of higher quality. So why be satisfied with anything less? Today—get new, flavored Children's Size Bayer Aspirin and keep it handy.

New, Flavored Children's Size  
**BAYER® ASPIRIN**

# Pork...

## *and Old Wives' Tales*

REMEMBER when grandmother claimed that night air was dangerous for her precious little Priscilla? Of course you do.

Those were the days when it was fashionable to think that pork was an "unhealthy" food. In those days it was even popular to omit all meat from the diet for practically any illness.

But modern nutritional science did not grow out of old wives' tales. It searched for facts and found the truth.

Today we know that meat is one of the finest sources of protein, the important nutrient needed by everyone, every day, whether he be in ill health or hale and hearty.

Pork like all meat, when properly cooked is virtually completely digestible. Its protein is used for both tissue growth and maintenance.

In addition, pork meat makes many other contributions to good nutrition. It is one of the most valuable food sources of thiamine. It is rich in other B vitamins and in minerals such as phosphorus and iron.

Yes, today pork is not only a highly popular meat in America, but its combination of economy, palate-pleasing taste and high nutritional value makes it a valuable part of America's everyday diet.

The nutritional statements in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

**American Meat Institute**

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WHAT  
WE  
THINK**

## EDITORIALS

### A Healthy View of Vision

MODERN man goes about with an alarming disregard for the proper care of one of his most precious possessions—his eyes. He takes them for granted, and has no deeper reaction than to be annoyed at the prospect of spectacles when they start giving him trouble.

In direct contrast to this careless attitude is sighted man's deep concern for an acquaintance or passerby whom he knows as "the blind man." He forgets that, but for good fortune, he might also be blind; he pities the blind person, and thinks of him as helpless. For centuries, men who see have fallen into the habit of thinking of those who don't see as people quite apart from themselves.

Psychologists tell us that this indifference to vision on the one hand, and emotional blockage about blindness on the other, is the combination of our nature and our mores, profoundly blended into our total set of attitudes. But it is well to remember that any one of us might be one of the several thousand new victims of blindness in America each year. It is even more important to remember that if this happens, it does not follow that blindness is the end of everything near and dear to us.

Of the more than 320,000 blind people in our country a great many

are dependent, but chiefly they are unfortunates who would be partially or wholly dependent without blindness because of other physical, emotional or economic factors. The "successful" blind person is not an unusual phenomenon, but rather to be expected if he or she has an innate tendency to be useful, is resourceful in finding help from available serv-

ices, has a sense of humor and an abiding faith in some form of the Deity.

Let's consider a fresh look at the possibility of blindness, and re-examine our attitudes toward eye health.

M. ROBERT BARNETT,  
Executive Director  
American Foundation for the Blind

### Those Skin "Cures"

THE skin, since it is visible, offers a prime opportunity for early detection of disease changes and for prompt action. Particularly with tumors (lumps or elevations) which develop or change, a delay in obtaining competent advice is risky, for even if a lump proves to be skin cancer, early treatment carries excellent hope for complete cure.

Disorders of the skin are common and frequently neglected. Partly responsible for the neglect is the erroneous belief that skin diseases are an enigma and consequently nothing can be done for them. This frequently leads to the purchase of blatantly advertised proprietary compounds. Not all patent remedies are soothing; one of the common and serious problems encountered by dermatologists is to restore the skin to normal following severe irritation caused by "cures" advertised for athlete's foot, psoriasis, eczema and

numerous other skin troubles. Some people who know it is foolish and dangerous to buy patent medicine for kidney or liver disease unthinkingly purchase secret formulas for skin disease.

Skin diseases (several hundred of which have been accurately described and classified) can be diagnosed in almost all cases by a dermatologist. As in disorders of other organs, an accurate diagnosis is made by taking a careful history, carefully examining physical features of the disorder and occasional use of laboratory tests, but most particularly by the accumulated skill of the trained observer. Though treatment is not always easy, the results of therapy based on an accurate diagnosis are good in most cases, and often simple measures suffice.

GEORGE M. LEWIS, M.D.  
Professor of Clinical Medicine  
(Dermatology), Cornell University  
Medical College

**WHAT  
DO  
YOU  
THINK**



# Today's Health News

BY ALTON L. BLAKESLEE



## CORTISONE IN STROKES

Cortisone appears to have dramatic effect in limiting the attack of brain strokes or apoplexy, in speeding recovery and relieving paralysis, three physicians report. They gave the hormone to 35 patients, each time within 48 hours of their first strokes. In 27, there was "remarkable neurological recovery" within three weeks. Twenty-one had striking relief of paralysis, and beneficial changes in mental, emotional, sensory and psychomotor states, write Drs. Henry I. Russek, Staten Island; Allen S. Russek, New York, and Burton L. Zohman, Brooklyn, in the *A.M.A. Journal*.



## PIGEON-TOES AND SLEEP

Babies may become pigeon-toed or develop flat feet if allowed to sleep too much on their stomachs early in life, cautions Dr. Joseph H. Kite of Atlanta, orthopedic surgeon. For their first four months of life, babies usually cannot turn over, he told the International College of Surgeons, so they may sleep with their knees up or legs in spread-eagle fashion, distributing weight in such ways as to turn their feet in or flatten them. As preventive measures, babies can be encouraged to sleep on their sides, with a pillow or sup-

port against shoulder and hip. The baby can be alternated from side to side after each feeding.

## TONSILS VERSUS COLDS.

Does removal of tonsils during childhood help lower susceptibility to common colds and perhaps other respiratory troubles? This has long been a medical question. From a close study of 230 children, a group of Cleveland physicians conclude that it does not. The frequency, severity or type of infections did not differ materially among children whose tonsils had been removed, as against those who still had tonsils, write Drs. Lois P. McCorkle, R. G. Hodges, G. F. Badger and associates in the *New England Journal of Medicine*.

## ADDED YEARS

The average American lifespan has been going up, and the life expectancy of a baby born today is nearly 70 years. One assumption has been that the increase is due mostly to reducing deaths among infants and young adults. But Dr. Norvin C. Kiefer, medical director, Equitable

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These news items, gathered for *Today's Health* by a veteran science reporter from sources where serious scientific work is being carried on, are reported as interesting new developments, and should be read as such. Obviously no "endorsement" by the American Medical Association is implied by the publication of news items.

—Editor

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Life Assurance Society, finds that we actually have "a lot more people living to age 65," and that once a person reaches 65 "many more than previously are living into their seventies, eighties and nineties." So, make it to 65 and you have a better chance than ever before of living still longer, he told the New Jersey Health and Sanitary Association.



## VIRUS REASSEMBLY

Scientists have broken one kind of virus into two parts, then put the parts together to find the mixture apparently had become reactivated in the test tube, able to cause infection again. The discovery is one of great potential significance in virus diseases. It may open the way to creating new hybrid kinds of viruses made from the parts of two different viruses. Such hybrids might be useful in improving vaccines, like polio vaccine; or new viruses could possibly be tailor-made to destroy cancer cells without harming healthy cells.

The experiments were done with tobacco mosaic virus, a rod-shaped particle causing a tobacco plant disease. The virus particles were carefully separated into two component parts, one of protein, the other nucleic acid. Alone, neither the protein part nor the nucleic acid part pro-

duced the plant disease. But when put together again in the test tube, the mixture regained some ability to cause infection. It is a sort of successful reassembly of Humpty Dumpty. It may well supply clues to better understanding of viruses and mechanisms of heredity. The feat was described to the American Chemical Society by Drs. Barry Commoner, Eddie Basler, Jr., Tung-Yue Wang and James A. Lippincott, Washington University, St. Louis. The same phenomenon had been achieved earlier by Drs. Fraenkel-Conrat and Robley Williams, University of California.

**NOSEBLEED CONTROL**

Injections of female hormone, estrogen, may be an effective answer for severe nosebleeds, reports Dr. Harold C. Menger, Evangelical Deaconess Hospital, Brooklyn. He found the hormone stopped profuse nosebleeds and hemorrhages after removal of adenoids in each of 16 patients. Estrogen can control bleeding from the womb, but just how it works to halt nosebleeds is not known, he writes in the *A.M.A. Journal*.

**DENTISTS' MEETING**

Here are some highlights of the American Dental Association's annual meeting in San Francisco:

**How many toothbrushes** should everyone have? One for brushing after each meal, with 24 hours to let each one dry, and two more if you want to brush your teeth night and morning—a practice that actually can only keep your teeth clean while you sleep. Without after-meal brushing, you spend 66 percent of your day

ailments, and failure to brush the right way at the right time is a principal reason for gum disease. Bad mouth habits also can gradually destroy tissues surrounding teeth. Bad habits include thread biting, opening bobby pins with the teeth, grasping nails with the teeth, biting finger-



nails, gnawing cheeks, grinding your teeth and breathing through the mouth.—Cmdr. Samstone Holmes, U. S. Naval Dental School, Bethesda, Md.

**New denture** adjustments will usually be needed for a month after the first fitting to achieve best comfort, utility and appearance. One aid can be to wear the dentures continuously, day and night, even during sleep. "No one ever learned to use a set of dentures by leaving them in the bureau drawer."—Dr. Howard J. Merkley, Winnipeg, Canada.

**Too much reliance** can be placed on the theory that removal of a tooth infection will clear up a general bodily disease. "While the treatment of infected tissue should aid the general health condition of vital resistance, the elimination of foci (sources of infection) cannot necessarily in itself be considered as a cure for disease."—Dr. Francis J. Conley, School of Dentistry, University of Southern California.

**The wisdom tooth** in an early stage of its root development can be transplanted successfully in carefully selected cases to the site of a lost permanent first molar tooth in the same person.—Dr. Chester C. Fong, Hayward, Cal., and Dr. H. Gordon Agnew, University of California College of Dentistry.

**CEREBRAL PALSY BENEFIT**

Eleven of 18 children with cerebral palsy appeared to benefit emotionally from the relaxant drug chlorpromazine. One boy gained enough confidence to walk for the first time. The drug apparently doesn't affect

the muscular or physical handicaps. But children are less aware of their handicaps, more relaxed, better able to cooperate with therapists, Dr. Eric Denhoff, medical director, and Raymond H. Holden, clinical psychologist, Meeting Street School of the Crippled Children and Adults of Rhode Island, Providence, report in the *Journal of Pediatrics*.

**HEART AND WEIGHT RISK**

The death rate from cardiovascular-renal disease (diseases of heart, blood vessels and kidneys) is twice that of normal among people with family history of such disease who also have minor cardiovascular impairments or are slightly overweight. The increased risk was described to the Society of Actuaries by Alton P. Morton, Prudential Insurance Co.

**COLOGNE REACTION**

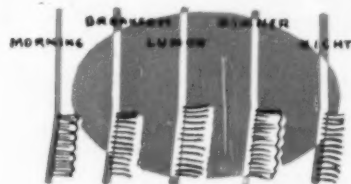
Allergic reactions are strange things. Skin eruptions on the ear lobes are reported among women from the dab of cologne applied to the ear, and this is not infrequent, writes a consultant in the *A.M.A. Journal*. Such women usually have to



avoid using cologne, or a particular one. Antihistamines may help make them less sensitive to this allergic reaction.

**PLASTIC BREASTS**

Placing a plastic sponge material or other foreign matter into the female breast to improve its contours is frowned upon by most of the plastic surgeons polled by a committee of the American Society of Plastic and Reconstructive Surgery. The committee, headed by Dr. Lyndon A. Peer, Newark, said 87 percent of the surgeons said they had never used such materials. Of 23 who had, 13 reported having abandoned



allowing food debris and other factors to build up which are conducive to tooth decay and loss of teeth due to gum disease. Actually, the greatest single cause of loss of teeth is gum

the method as being unsatisfactory.

Dr. Peer said "most plastic surgeons feel that implantation of a foreign material into the breasts belongs at this time in the field of ex-



perimental rather than clinical surgery. The medical profession should have more information regarding long-time observation of cases and definite proof that the foreign implants do not give rise to cancerous changes in the patient's breast tissue, before the procedure receives approval."

*Other reports to the American Society of Plastic and Reconstructive Surgery:*

**Web fingers** can be corrected by surgery if it is started before a child is a year old. The earlier start minimizes the chances of deformity developing during rapid growth of infancy.—Drs. Thomas Bauer, John Tondra and Harold Trusler, Indiana University Medical Center.

**Emotional shocks** in children from surgery can be avoided if the child is told first just what will happen until the time he "goes to sleep." He should receive some drug to put him in light sleep before he's wheeled into the operating room. If he's still awake then, the anesthesiologist can hold him on his lap while giving the early stages of anesthetic, perhaps using some kind of toy through which the gas is flowing. A mask is never placed directly over his face while he's conscious, nor is he ever vigorously restrained.—Dr. Jack D. Stringham, anesthesiologist, and Dr. Thomas Ray Broadbent, plastic surgeon, Utah College of Medicine.

**A three-year-old boy** had his right hand and entire arm, up to the armpit, crushed in a clothes wringer. Plastic surgery repaired much of the damage, but his arm hung uselessly, the nerves severed. Six months later, the torn nerves were sewed together. Gradually the boy became able to use

his elbow, then his arm and finally his fingers a bit to grasp things and feel differences between hot and cold. Now, two years after the accident, his fingers are somewhat useful and may improve still further.—Dr. Donald M. Glover, St. Luke's Hospital, Cleveland.

### FOOD FADS

Taking a swipe at the bizarre ideas of food faddists and dietary quacks, Dr. Wendell H. Griffith, professor of physiological chemistry, University of California Medical Center, makes a plea for reasonableness in the American diet. Some faddists urge limiting each meal to only one of the three major foodstuffs—starch, fat or protein—arguing that this "saves" the digestive enzymes, he told the American Dental Association. "Some would bolster their self-esteem by subjecting themselves to pounds of blackstrap, others to quarts of onion juice. Some struggle valiantly to down a lot of everythings, nutrients and pseudonutrients plus essences of seaweed and royal jelly (from queen bees)." Dr. Griffith said the "lack of appreciation and understanding of the true chemical nature of foodstuffs and of body processes is the principal reason for the immoderation of the great majority of extremists. It is not surprising that charlatans thrive and the well-intentioned are led astray."

### DYNAMITE HEADACHE

A physician tells of a man who develops violent headaches every time he handles dynamite, or even after he merely wears the gloves carrying powder from handling dynamite. The cause undoubtedly is nitroglycerine in the dynamite, absorbed through the skin, which dilates blood vessels in the head, comments an A.M.A. *Journal* consultant.

### BLUE BABY OPERATIONS

How good are "blue baby" operations? A study of the first 100 children having this surgery at Children's Memorial Hospital, Chicago, finds only 14 have died within an eight-year period. Sixty-eight are

classified as having had a good result, and 16 a fair result, with one still in poor condition and one not improved. Blue babies are those who have a heart condition preventing the blood from getting enough oxygen. Until the operation was devised in 1945 by Dr. Alfred Blalock and associates, they had little chance of surviving. The study of benefits from surgery is described in the A.M.A. *Journal* by Drs. Willis J. Potts, Stanley Gibson, Harvey White and Robert A. Miller, Chicago, and Edward Berman, Indianapolis.

### VACCINE SAFETY

Exhaustive studies fail to show reason for any fear that the Salk polio vaccine might cause Rh blood factor trouble in people, four Philadelphia scientists report. The vaccine is made from virus grown on monkey kidney tissue. Some scientists had expressed worry the vaccine might contain Rh factor antigens. Rh is a protein substance normally occurring in blood cells, and named for the Rhesus monkey in which it was first detected. Presence of Rh factor antigens in the vaccine might cause antibodies to develop in Rh-negative people getting the vaccine. But the tests fail to find any Rh antigens in vaccines, nor any foundation for the fear in highly sensitive tests performed on human beings. The study, described in the A.M.A. *Journal*, was made by Neva M. Abelson, M.D., Robert M. McAllister, M.D., Arthur Greene, D.Sc., and Lewis L. Coriell, M.D.



### TENSION IN SKIN AILMENTS

Feelings of anxiety, insecurity and nervous tension can make skin ailments grow worse. Proper use of tranquilizing or calming drugs such as reserpine lessens tensions, fears, anxieties and thus helps relieve itching and severity of the skin trouble, Dr. Charles R. Rein, New York Uni-



versity Postgraduate Medical School, told the Academy of Psychosomatic Medicine. The calm-down drugs can't cure the skin trouble alone—other methods of treatment are needed along with them.

### BREAST FEEDING, POLIO

Does breast feeding give an infant some protection against polio through antibodies obtained from the mother's milk? There does not seem to be any evidence indicating this is true, replies a consultant writing in the *A.M.A. Journal*. Long ago it was commonly believed that breast-fed infants were less susceptible to acute infections than bottle babies. And some authorities believe that most children receive antibodies of various types with their mother's milk. But the evidence for polio antibodies in amounts sufficient to confer protection may be in doubt, he says.

### COMPLICATED SKINFUL

As an item of curiosity to show how complicated the human body is, consider this: a piece of human skin the size of a postage stamp contains three million cells, a yard of blood vessels, four yards of nerves, 100 sweat glands, 15 oil glands and 25 nerve ends.

### UNRELIABLE SKIN TESTS

Skin testing is not a reliable way of learning whether a person will suffer troublesome or dangerous reactions from penicillin, two Army physicians write in the *A.M.A. Journal*. From a study of 1000 patients, this is the conclusion of Lieut. Col. Arthur J. Berger and Capt. Bruno Eisen, Brooke Army Hospital, Fort Sam Houston, Tex. Among measures to prevent reactions, they suggest the use of antibiotics only when indicated and not too freely; if the patient has had a prior reaction, use a different antibiotic if it would do about as well in fighting his infection; use oral penicillin rather than an injection when feasible; observe the patient for at least 20 minutes after an injection so counteractive measures can be taken if he proves highly sensitive to the drug.

# SAFETY and FIRST AID

by CARL J. POTTHOFF, M. D.

## TOURNIQUET MISUSE

Many physicians suggest that people be instructed never to use a tourniquet. Organizations interested in first-aid education indicate that the device may be used justifiably upon rare occasions, but there is general agreement that it is applied far too often and that harmful effects are common. Almost always, bleeding can be controlled by firm, direct pressure over the wound with a pad of cloth. The National Research Council advises that the tourniquet should be used only for severe, life-threatening hemorrhage that cannot be controlled by other means.

One of the commonest errors is to apply the band too loosely. The veins are shut off thereby but not the thicker-walled arteries; blood flows into the extremity past the tourniquet but cannot return. Great swelling of the limb consequently occurs. The bleeding may actually increase because the blood cannot return through the veins and finds its way to the open wound. Often a tourniquet that was sufficiently tight at first

loosens somewhat as time goes on; the effect again is to shut off the veins largely, but not the arteries.

Another error in using the device lies in failing to elevate the limb slightly above the level of the trunk of the body. When the extremity is lower, blood flows into it more readily, and cannot return so easily. A third error is in warming the injured part. When a tourniquet is in place tightly, the limb should be protected against frostbite, but it should not be overcovered nor subjected to external heat, such as from hot water bottles.

The fourth error is in using as the tourniquet band a makeshift that cuts into the skin. The band should be tight enough to shut off both the veins and the arteries. Ideal material for the purpose is often hard to find at the scene; even a strip of cloth folds and twists to narrow width when tightened around a limb. Nevertheless, a cravat bandage or a strip of cloth is better than a wire.

It is difficult to visualize any wound of the hands, wrists, forearm, foot, ankle or calf that cannot be controlled by firm, direct pressure into the wound, even though the bleeding seems frightening. Use of the tourniquet might be the only effective way to stop bleeding in case of an extensive wound, such as a partial amputation of the thigh or upper part of the arm if a large vessel is cut sharply, but bleeding from these parts can almost always be controlled by direct pressure. The danger from use of a tourniquet is greater if, after the application, a lengthy period elapses before medical help is available.

*I am  
the widow  
of an* **ALCOHOLIC**



I AM the widow of an alcoholic. I endured so much, I fought so hard to save him, doing all the wrong things, that, in the end, I had to go away to save myself. There came a time when, huddled before the phone, waiting for news of him in the small, morning hours, I contemplated my third cup of black coffee standing beside the overflowing ash tray, symbols of my endless waiting, my burned-out hopes, and I bowed my head and said aloud, "I can't stand up under it any longer."

And somewhere, in that nebulous region of the human organism where the soma and psyche meet, wires crossed, an order was given and soon I actually could not stand up any longer without swaying on my feet. My mother came then and took me away; when I was able to return it was too late.

All during my marriage I tilted at a windmill. I wept, I moralized, I threatened and I did police duty. I thought to win by will alone but my will was not to be done.

There was information to be had and help for the asking, spiritual, psychological and medical, but I didn't reach out for it. All the time, when I accused him of failing me, he was sick in mind and body and I failed him. That is why I am writing this article.

For months after my husband's death I was stricken with a black and bitter remorse because of my stupidity in not seeking proper aid for him. I thought I was an

isolated case. In the opinion of Marty Mann, executive director of the National Committee on Alcoholism, I was typical.

"Great strides are being made these days in the treatment of alcoholics by almost everyone except those who care the most—their friends and families," says Mrs. Mann. "And yet they try so hard to help. Even when they berate the loudest, it's because they care so much; because their hopes are so high, their suffering so poignant. It is tragic that the more they try to help, the less they seem able to do." Mrs. Mann should know.

She was an alcoholic and now devotes all her time to helping others.

Anyone close to an alcoholic must be made to realize that alcoholism is an illness and that outside, impersonal help must be called upon as it would be in any other disease. The medical profession, just emerging from a state some physicians describe as almost medieval backwardness regarding the alcoholic, has at last come to an agreement upon this question. The law and layman, several steps behind, must catch up before any marked progress can be made. For a long time many judges and police officers, realizing that they were dealing with sick people, were hamstringed in their treatment by outmoded laws. Legally things are changing for the alcoholic, but slowly. There still is too much of the punitive element left. Once politely labeled inebriate or dipsomaniac and more often just plain drunkard, run-hound or lush,



With the words I have written here, I  
may save some other woman's husband.

PART I

by VIRGINIA CONROY

he now emerges in medical parlance as an alcoholic intolerant. And science is working to find out why.

With four million alcoholics in this country, whose illness is estimated to affect directly and personally a total of 20 million people close to him, it is no wonder that alcoholism has been put high on the list of public health enemies.

And, apart from the fact of personal suffering and loss, the "why" of alcoholism is important to everyone, if for no other reason than it hits us all square in the pocketbook in the cost of traffic accidents, slums, crime, law enforcement and public institutions of all kinds. There is also the loss of opportunity of the alcoholic's children, to say nothing of the contribution of effort and talent to humanity in the deterioration of the alcoholic himself.

In my husband's case this was especially true. An architect with an IQ well over on the "potential genius" side, he was the type which proves the contention that alcoholism knows no social or intellectual boundaries. An alcoholic may have a brain capacity approaching an Einstein and emotionally not be able to add two and two.

My husband had designed everything from a wind tunnel to the smart beach homes of Hollywood stars and the studio sets they worked on. Trained in the old, hard school, with a thorough grounding in everything from classical precedent to structural engineering, his experience would have been invaluable in these times. By the time he was 45 he had earned a quarter of a million dollars, but he died in a charity ward.

The poison of alcohol contaminated every aspect of his life but one. Only his conception of himself as a sound builder, his dedicated relationship to concrete and stone and steel remained intact.

In the days before alcoholism brought scandal, ill health and financial ruin, his name was inscribed on schools and churches and hospitals, on shining, functional, streamlined factories. Better than any small thing that I could do, these are his real monuments, his beautiful buildings, towering high against the sky. There is the

measure of the real man, the unfilled promise of what he might have given the world.

His work was so good that he was hired over and over again by the same companies, saving them thousands of dollars sometimes even in a few days' work. But in the end others checked his plans and signed them because, through damaging personal conduct, he had lost his architect's certificate.

Still doing the work of an architect, he sometimes sold his services for sums comparable to a junior draftsman's salary. It became increasingly harder to keep up appearances as an architect must do. I have often thought, ironically, that the distance to the charity ward might be calculated by the number of Homburg hats that had rolled into the gutter.


In any walk of life this is one of the factors which prolongs the vicious cycle of alcoholic responses. During a bout a man may sell or tear his clothes or lose them, break glasses, pawn or sell the tools of his trade so that he is often helpless even to look for work in his sober periods. Without inter- (Continued on page 54)





Leo Aarons (Public)





# Your BABY'S SKIN

With these hints, you can ward off most of the troubles that beset an infant's soft but remarkably efficient outer shield.

by JOHN E. EICHENLAUB, M.D.



*baby's health*

SOFT as it is, your baby's skin is a shield. It keeps out germs and chemicals. It protects tender tissue from dryness, heat and harmful rays. To keep your baby's skin healthy, you have to keep these assaults down. When they occur, you have to help him fight them off. When serious skin trouble starts, you should spot it quickly so that your doctor can get the jump on it.

An oil bath is best for a newborn baby until the cord is dry. Oil baths should also replace daily water baths one day a week in the first nine to 12 months. The oil is cleansing, but it can be a spreader of germs unless the bath is properly given. Pour a little unscented baby oil into a clean saucer. Don't let the lip of the bottle touch if you add more oil after starting the bath. Dip a cotton ball or pledget in the oil and use it. Discard the pledget rather than return it to your oil pool. Wipe along the skin folds of the neck, armpit and groin. Start with the cleaner areas—clean the head, the chest, the arms, the feet and legs and do the diaper area last.

This same approach should be used in a water bath. Water should be cool or lukewarm. Two weeks is not too early to give water baths. One a day with bland, unscented soap is safe. Such soap seldom causes a rash. Water baths are drying, though; if Baby's skin gets dry or flakes give more baths with oil and less with water.

A baby's scalp shows how much scrubbing he needs. If a sheet of grayish peelings forms at the base of the hair, the oil and surface slough are forming a cradle cap. Use a soft washcloth to scrub more vigorously, and follow each general soap and water bath with a scalp oiling. That usually keeps the harmless but ugly cap from forming.

Cleansing without irritation keeps germs and harsh chemicals off your baby's skin. You should protect your youngster from excess dryness, heat and sunlight, too. A heated house in winter dries the skin because air picks up more and more moisture as it is warmed. Sensible, moderate heating—72 degrees is adequate except for tiny babies—keeps the moisture capacity of the air down. Shallow pans on the radiators help keep the air moist.

Your baby's skin will sunburn easily. Even two minutes in direct summer sun may burn a very fair or red-headed baby. Indirect sunlight is best for the first year. Gradual exposure during Baby's second summer is all right. A burn may not show up for six hours in babies—ultraviolet rather than heat is the important thing, and it causes delayed reaction. Keep this in mind in judging whether the baby has had enough sun.

Protecting your baby against heat is a difficult matter. He burns more fuel per pound than you do, so that his body gives off far more heat. At first, he sweats poorly or not at all. When his body needs cooling he changes breathing rhythm like a puppy. He also brings more blood to the surface by a sort of blush. This flushing is uneven, most of the opened vessels being at the mouths of sweat glands. If this continues, fine prickly heat develops. In more severe form and later in infancy the sweat glands may be stopped up. Then the reddish bumps of coarse prickly heat develop.

In judging how much clothing to put on your baby,



it is well to remember that his inner fires are burning much faster than yours. Look for extra pinkness instead of perspiration to see if he is overheated. Absorbent knit shirts which cool perspiring adults are warm for infants and should be left off in the heat of a summer's day. Moving air with a fan is not much help in cooling a baby, but sponging with cool water does a lot of good. Dusting with cornstarch helps ward off prickly heat. Heat powders with drying zinc oxide or stearate do a good job. In severe prickly heat the best measure is an oatmeal bath. This is made by overcooking some oatmeal, tying it in cheesecloth, sloshing it in the baby's bath water and patting it over him. The active colloid in less messy powder form can be bought at the drugstore. One half to one cupful to a shallow tub of water does the trick. Either way one oatmeal bath will usually ease prickly heat for eight hours or more.

In this day of man-made fabrics and washing compounds, you must also protect your baby from chemical irritation. Except for plain cottons, a new fabric has about as much chance of causing trouble as a new food. It should be introduced in the same way. Don't buy more than one

item of a new material until you are sure it will suit your baby's skin. Always wash his new clothes before putting them on. If a slight rash occurs on first wearing, wash the item two or three times and give it another short try. The sizing in new cloth sometimes causes a rash.

Washing compounds used to launder baby's clothes often cause trouble. Usually the irritation appears across the baby's shoulders and on his back. In older infants the waist and thighs where clothes come in most contact with the skin are also involved. If washing compounds are used, be alert for tiny, dry, colorless raised specks on the contact areas. If they occur, switch washing compounds and increase the number and thoroughness of rinses. Bland soap and four soft-water rinses should do the trick. If irritation still goes on, best see your doctor.

**T**he commonest chemical irritation of a baby's skin is diaper rash. This comes from ammonia made by bacteria. The bacteria are not disease-causing agents, but are normally present in the baby's stool. Their action on chemicals in the urine makes the irritants.

There are several ways to keep

these irritants from getting to your baby's skin. The ammonia can be hooked up chemically to make it less corrosive. The bacteria in the baby's diapers can be killed by boiling, special soaks or sunlight. The baby's food can be changed so that his urine has less of the chemicals in it from which bacteria can make ammonia. Ointments which form a protective coat over the baby's skin can be applied. Also baby can be left to romp bare for a few dry-out periods each day.

So long as there is no diaper rash and no smell of ammonia about the diapers, cleanliness is all that is needed. Solid stool should be flushed out of diapers when necessary. Diaper liners help if baby's habit is regular enough to predict the need. Diapers can be kept soaking in borax to keep down stains, or dry in a covered pail if soaking leads to ammonia odor. Baby's skin should be dried, especially in the folds, and sprinkled with unscented powder at each change. The diapers should be washed with bland soap and hot, soft water, rinsed three times in soft water, and hung out to dry as often as possible. If you can get it, good diaper service is better than make-shift diaper care. Hotter water and special handling make diapers from a good company almost sterile.

**I**f you notice any ammonia odor or beginning rash, boil the diapers for ten minutes and soak in a commercial preparation designed to get rid of irritants. Dry the baby thoroughly with each change and dust with cornstarch.

These measures usually do the trick. If they fail, the new silicone ointments are your best bet. These were first made up to keep irritating chemicals off the hands of industrial workers. They form a water-repellant coat by combining with the top layer of skin. It takes about two weeks to get the action started, but then it does a fine job—and while you're putting it on baby, you'll get enough on your hands to clear up dishpan harshness. Oatmeal baths, given as for prickly heat, soothe severe rash. Lassar's paste or zinc oxide ointment may help, too.

You'll want your doctor to look

over the baby if he has enough trouble to need this kind of care. Certainly you should see your doctor about any formula change. Thinning the protein or changing the kind of sugar added to Baby's formula often helps diaper rash. At the same time your doctor may give other advice.

There are two dangers to a baby's skin which are not especially common but are well worth watching for. These are impetigo and eczema.

Impetigo is caused by a germ. Keeping the baby clean will ordinarily ward it off. However, the disease can be brought home in mild form by an adult or older child, or some other slight trouble caused by the same family of germs can bring vast numbers of them into the home. About age four or five, impetigo causes only slight trouble. A patch of small, grayish scabs with itching or burning is the first sign. Crusts can be easily picked off or soaked loose; otherwise you might mistake the spots for tiny scrapes. Because it is so trivial, older children and adults don't realize that this disease will cause high fever, festering blisters and widespread infection in babies.

A boil or fingernail abscess may pour forth impetigo-causing germs in great numbers even though it is minor itself. If there is pus, cloudy fluid or grayish crust on a skin sore, the chances are that germs which can cause impetigo are present. Best keep anyone with such sores away from the baby; if you get a festering sore and have to care for Baby before it heals, wipe off the whole area frequently with rubbing alcohol and put a large, dry, clean dressing on it.

Impetigo was once a killer. Today it can be cured speedily. Even now severe attacks call for urine tests, for they may lead to kidney inflammation. The new germ killers in ointments and soaks work in one or two days in the average case. Even very sick babies pull through with germ killers by mouth and injection. Penicillin, erythromycin, sulfa drugs and the broad-spectrum germ killers have all been used with good effect.

You may have the misfortune to meet with infant eczema. This common disease is caused by allergy, and allergies run in families to some ex-

tent. One top-notch expert recently said that if there is allergy of any kind—hay fever, asthma, hives or migraine—in more than two of the baby's six nearest direct relatives (parents and grandparents) a special no-milk, no-wheat, no-egg diet should be used for the first year. Allergy to foods lies behind most eczema. Where the family background makes eczema likely, allergy can often be warded off by keeping away from allergy-making foods in the early months. Food chemicals pass through the stomach and intestinal walls without being digested only during the first year.

Eczema may come when it is not expected, though. Redness and thickening of the skin on the front of the elbows and the back of the knees is usually the first sign. Spread to the face and neck may be next. The thickened skin may crack and weep. It itches badly. Usually bandages or

splints must be used to keep the baby from scratching himself raw.

Any case of eczema is hard to cure. The best that can be said for infant eczema is that almost all the victims outgrow it. A great deal of the trouble is usually due to scratching. Baby gets a lot better if you keep him from getting to his rash. The basic allergy is hard to pin down, and a series of bizarre diets usually must be tried while the answer is being sought. Tar ointments or soothing soaks will be prescribed by your doctor, whom you should see as soon as thickening, redness and itching of one or more body folds appears on both sides of the body.

As a shield, your baby's skin does a wonderful job. Keep assaults on it to a minimum. Help your baby fight them off. Call in your doctor when impetigo or eczema seem likely or when any of the other problems your baby's skin must meet gets out of hand.



*We can live with our peskiest*

*nuisance disease, and one day it may*

*be but a memory, as you'll see in*

## what we know about

by BRUCE BLIVEN

**G**REAT advances are now being made against the most familiar of all human ailments—the common cold—advances associated with the work done to make possible the Salk vaccine against polio. As a result we begin to hope for the first time that a vaccine may be really possible to protect us against the half dozen or more viruses that appear to cause a large proportion of all colds. The breakthrough might come tomorrow—or it might be years away.

That genuine protection would be a blessing hardly needs arguing. The average person has three colds a year, of which the acute stage lasts two or three days. A cold, especially if neglected, can be the forerunner of more serious illness, like influenza or pneumonia. These ailments cause more absenteeism from work than all other illnesses combined; costs in the United States in lost wages and productivity and in medical expenses has been estimated as high as \$6 billion annually. Colds interfere so much with industry that many of the nation's leading corporations have contributed money to aid the research program of the recently-established Common Cold Foundation.

The great scientific advance which has helped cold research, and also helped to make the Salk polio vaccine possible, brought Nobel prizes in 1954 to the three men responsible for it—Drs. John F. Enders, Thomas H. Weller and Frederick Robbins. Six years ago these men, working together at the Children's Hospital in Boston, succeeded for the first time in growing viruses on bits of human or animal tissue in a test tube, thus greatly facilitating the work of research. Previously this had to be done primarily with living subjects, animals or men. Nearly all animals are immune to the viruses that cause colds; only chimpanzees and gorillas share our

sniffles. Unfortunately, their health is frailer than that of most people; when they're artificially inoculated with colds, they have a distressing habit of developing a fatal pneumonia. Gorillas are hopelessly too expensive to be risked in such experiments, and even chimpanzees run up a staggering bill. The work of Dr. Enders and his associates came along in the nick of time to help the research work not only on polio and colds but on a whole spectrum of other virus diseases.

These men are continuing their studies, though they work today in separate institutions—Dr. Enders at the Harvard University Medical School, Dr. Weller at the Harvard School of Public Health and Dr. Robbins at the Western Reserve Medical School. The Enders technique has aided work on colds now being done in several places—at Johns Hopkins University in Baltimore; at Bethesda, Md., by a team headed by Dr. Robert J. Huebner of the National Institutes of Health of the U.S. Public Health Service, and at the Cold Research Institute at Salisbury, England, to name only a few.

Dr. Huebner and his colleagues have definitely identified ten or more viruses, each of which causes symptoms that the layman would describe as a cold. In fact, through the new techniques of today, nearly 400 new virus strains have been identified. Many of them are not known to cause any disease, which led Dr. Joseph Melnick of Yale to describe them as "orphan viruses." Among those that cause colds there may be a number of families, each consisting of numerous similar members. These are called "filtrable viruses," meaning that they are so small that they escape the finest filters men have been able to devise. They are invisible even under the most powerful microscope, and we have to deduce their characteristics from what they do.



In November, 1955, Dr. Huebner's group announced the development of vaccines that are about 70 percent effective against several viruses causing feverish respiratory infections, which people sometimes describe as "a grippy cold," although in fact a nonfeverish, ordinary cold is one of a group of quite different maladies.

Doctors feel that most people regard a cold too lightly. Many an office worker insists on coming to his job while he has a cold, though by doing so he risks a more serious complication such as influenza or pneumonia. He also risks infecting his fellow workers, some of whom may be made more seriously ill than he is. In most instances, if you have a cold you should stay home for at least a few days, and if it can possibly be managed, remain in bed. Bed rest may not cut down the length of a cold, but it is a safeguard against secondary infections, and it reduces the chance that you will pass the disease

along to other members of your family or household.

In addition to colds caused by viruses, there are others with identical symptoms that are allergic in origin. A friend of mine comes down with an acute "cold in the head" if he eats a piece of chocolate an inch square. Other people are allergic to other foods, to many types of pollens and dusts and, in fact, to any of more than 400 substances that can cause reactions in those sensitized to them. The antihistamine drugs suppress for a time the symptoms of an allergic response, and will sometimes work if taken in the early stages of a cold of this character, but if it is a true virus infection, they are of course useless.

There are also colds that appear to be psychological in origin, in whole or in part; they might be called "weeping without tears." Says Dr. Edmund Fowler, Jr., professor of laryngology at the College of Physicians and

# COLDS



Surgeons of Columbia University, "Many so-called 'colds' are induced by psychic stimuli to the autonomic nervous system—nasal catarrh, acute and chronic, allergic and infectious, can have psychosomatic factors as part of the background." Everyone knows how a piece of bad news causes tears to come to your eyes and your nose to run; a standard stereotype on the stage is the gruff old gentleman who refuses to admit he is emotionally affected but finds it necessary to blow his nose after the angelic child in the play has been unusually angelic. I know a public lecturer who invariably came down with a cold whenever he had to make a speech. Once he had frankly faced up to the fact that he didn't like public speaking but had to go on with it, the symptoms disappeared.

There is some evidence which seems to suggest that psychology may be a factor in almost *all* colds. Whenever large numbers of people are given medicine—or even sugar pills—and are told that it will cure existing colds, or prevent future ones, the number of colds in that particular group of people is reduced, for a while, by about two thirds. This fact has led to various triumphant announcements in the press, from time to time, that "a cure" for colds had been discovered—announcements not verified by subsequent experience.

**W**hat makes you take a virus-caused cold? Two things are necessary: the presence of the virus, and a weakened resistance on your part. In the Salisbury Laboratory, 4000 volunteer subjects have been used in experiments. They have sat in drafts, got their feet wet, lived in close quarters with someone suffering violently from a cold, and yet half of them were unable to take cold, no matter what was done. On the other hand, if your resistance is low, any one of these things is likely to send you to bed with the sniffles. Overeating, fatigue and poor ventilation are all potent causes.

There are three times of the year when colds are especially prevalent. The first wave is in the early fall, about the time we close up our houses and turn on the heat. The second is in February, when winter

is at its worst, and the third is in early spring when temperatures vary and you never know how to dress.

Is there any preventive for a cold? If it is caused by a virus, the only known preventive is keeping yourself in top physical condition, with plenty of sleep, a sensible, moderate diet and reasonable exercise. And even this doesn't always work! It is encouraging to know that as you get



older, the number and severity of your colds decrease; they are commonest of all among children two or three years old. On the other hand, a cold is more likely to be a serious matter among adults. Dr. Jay A. Myers of the University of Minnesota Medical School reminds us that "among elderly persons the common cold is a serious threat in itself, and not infrequently leads to killing conditions such as pneumonia."

Is there any cure for a "genuine" cold, one caused by a virus infection? In spite of the thousands of cold remedies with which the drug stores are filled, there is nothing that medical science agrees will reduce the length or severity of a true cold.

Most doctors are extremely dubious about giving antibiotics such as penicillin for an ordinary cold, though they are badgered by their patients to do so. Antibiotics have no effect upon a cold itself, though it is true that they can ward off complications caused by bacteria. The danger is that the patient may become sensitized to the antibiotic, and later may be unable to tolerate it, even if it's needed to save his life.

Many people believe that you should "keep your body alkaline" both to prevent colds and to cure them. But many of the secretions and tissues of your body must at all times be slightly acid; if you could succeed in alkalizing it—luckily you can't—you would be in danger of death. Dr. Noah D. Fabricant of the University of Illinois College of Med-

icine points out that a cold actually reduces the normal acidity of the nose. So trying to "alkalize your system" only makes matters worse.

**T**he other popular myths are also false. Cold showers will not build up resistance. Neither will taking vitamins unless you have a real and serious vitamin deficiency. If you have a cold, there is no merit in drinking a hot toddy and trying to sweat out the cold under a pile of blankets. Neither should you eat more or less than usual, or drink huge amounts of liquids. Greasing your chest has no effect except to make the chest greasy. Nose drops should be used with great moderation; Dr. Fabricant points out that prolonged use of this medication, of the type called vasoconstrictors, may sometimes make your cold linger days longer. There are tiny hairlike filaments called cilia which project from the mucous membrane of your nose and help to trap and destroy the viruses or bacteria that have invaded your system. The wrong kind of vasoconstrictors can have an adverse effect on both the cilia and the mucous membrane. Aspirin will not cure a cold, but it may help to reduce fever and to minimize the pain that sometimes accompanies a cold—if the sinuses, for example, are inflamed.

After you have had a cold, you seem to be immune to that particular virus for a month or two. But you aren't immune to the others, and it is possible to have one cold after another—if your resistance is low.

In short, then: when a cold hits you, the most sensible attitude to take is to regard it as a Heaven-sent opportunity for a brief compulsory rest cure; the fact that you caught cold suggests that you probably needed rest. If you possibly can, leave your job for a few days, stay at home and go to bed. In common courtesy, if nothing more, try to keep from infecting those around you. Unless there are complications—and the course outlined is the best way to prevent them—you'll be all right again in a few days.

*Note to the Editor: I'm sorry to be ten days late with this article, but I caught a terrible cold and had to go to bed for a while. B. B.*



Harold Lindner (A. DeVany)

## Good Grooming for Children

Cleanliness may be next to godliness, but practically, early attention to good cleansing habits creates that clean-cut look.

THAT we use more soap in this country than in any other may be a tribute to parents for teaching their children the importance of cleanliness. We have stressed cleanliness not only in promoting good health but as a prerequisite to personal attractiveness. This is a sound practice because our present society offers considerable economic and social advantage to those who have a

clean, wholesome appearance. Since the habit is launched in babyhood, it should be but small effort to have your growing child take to water—to have his cake of soap and fun, too.

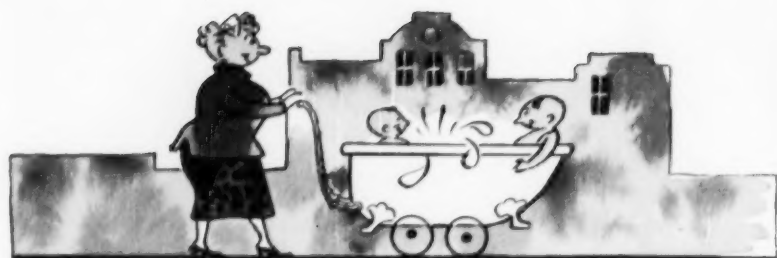
Frequent bathing, which not only promotes good health but is a sound beauty habit, is a child's first introduction to good grooming. Unfortunately, serious bathtub accidents do occur. Reports of child deaths by drowning are sufficiently frequent to warn every parent. Small children need to be supervised during the entire bath, and even the child of five or six should not be left alone without periodic checks. Another hazard is that children may attempt to manipulate the hot and cold faucets to regulate temperature. But if the water feels pleasant, the child is less likely to be tempted by faucets. So after you have regulated the temperature to your satisfaction let your child test it himself before bathing.

If the child is too young to leave unattended, his bath will keep the busy mother away from her household tasks, but a little planning may reveal ways of using the time to advantage. This may, for example,

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**BEAUTY AND HEALTH**

by VERONICA LUCEY CONLEY, *Secretary of the American Medical Association Committee on Cosmetics*



provide you with just the privacy and length of time to give your face its daily creaming.

Keeping your child clean can be made pleasant if your first rule is not to rush or hurry his bath—a fast scrubbing and quick dunking in the tub are no fun. The daily bath offers your child a chance to relax after the day's play, away from other children, also helping to prepare him for a good night's sleep. It is important enough to warrant plenty of time.

**B**athing will be all the more pleasant if he has a variety of accessories. He will particularly appreciate his own bath kit. These are inexpensive items costing as little as one dollar. The kits usually contain sponge, comb, fancy soap, bubble bath, cup and toothbrush.

Although ordinary toilet soap is always good for a child's bath, for special occasions or for the resistant child fancy soaps may add just the needed persuasion. These are not necessarily different in quality or milder to the skin than a toilet soap. Actually, they are intended primarily to catch the eye of the child and add interest to his bath. Some of the most popular of these soaps are in the form of horses, poodles, snowmen, reindeer and other figures dear to children. Bath salts intrigue children because they increase suds and pleasantly scent their bath. Mother will appreciate that they discourage bathtub ring.

Since the prime purpose of the bath is to get your child clean, see that he washes before he begins to play in the tub. Your task will be easier if you establish a washing routine. Teach your child to start bathing by first washing face, then ears and neck, followed by arms and under the arms, the front trunk, back trunk

and legs. If the child is a girl, pin her hair up and away from her face so it won't get wet and stringy. To add zest to washing, there are washcloths or mittens with little animals or gay designs that change color when soaped, then return to the original shade when rinsed. There are also compressed travel washcloths that expand from neat discs to full-sized cloths. Floating animals and birds and sudsable dolls add to the fun. A complexion brush for the face and a long handled brush for shoulders and back will be particularly appreciated by the older child. These brushes may also come in handy for elbows, arms, legs and knees—the real dirt problems. After the bath, teach your child to dry thoroughly, especially the groin, under arms and between the toes. Dusting with talcum powder further dries these areas. During winter particularly, generous use of lotions will help keep the skin soft and smooth. Massage these preparations well, then wipe off the excess because children object to a greasy feeling on the skin.

**H**air and nail care are also important in a child's grooming. Shampoos should be as frequent as environment requires. In summer, when a child plays in a dry, dusty outdoors shampoos are needed at least once a week. In winter, if the hair is not oily, two-week intervals between shampoos can be allowed. Try from the beginning to avoid getting shampoo into the child's eyes. Regardless of advertising claims, assume that stinging and smarting will occur. In contrast to the reaction of the eyes, shampoos will not irritate the skin under ordinary circumstances. However, hair and scalp should be thoroughly rinsed with lukewarm water to help keep hair in place and to mini-

mize the possibility of skin reactions.

Daily hair care requires that a child have his own comb and brush. Boys as well as girls should be encouraged to brush their hair thoroughly each day. Hair styles for girls should be as simple as possible so that care will require the least amount of fuss and bother. If the child has naturally curly hair, the problem is simple. If not, there are a number of attractive hair styles that can be adapted to straight hair. These should be considered in preference to those which require artificial curls.

**J**ust as the hair does, nails require constant care to keep them neat. A nail brush is a prerequisite for the young child who plays outdoors. For keeping nails short, either manicure scissors or an emery board can be used. The former are usually sharp pointed and should be used only when the child's nails are cut by an adult; then the scissors should be placed well out of reach. When a child can care for his own nails, an emery board is safer to use. From the earliest days of washing his hands, he can be taught to gently push back the cuticle with the towel as he dries his hands to discourage hangnails. If your young daughter enjoys buffing her nails to a high gloss, a special powder and buffer are available in many manicure sets.

In training children for good grooming and personal attractiveness, we should consider one possible complication: Some critics say that we are losing our sense of values in placing too much stress on exterior appearance to the neglect of

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### Boy Meets Bath

To the cleaners with his trousers,  
To the laundry with his shirt—  
But we can't send out his body,  
Which is where there's *really* dirt!

Richard Armour

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other important characteristics. This is a serious criticism, if true, and one which each parent will want to consider in his efforts to develop healthy attitudes toward personal appearance in their children.





## “A RELIABLE SETT OF BOWELS”

Though a variety of ills—some deadly, others mainly annoying—may plague the lower bowel, most concern over it is unnecessary.

by EDWARD L. BORTZ, M.D.  
former president, American Medical Association

**In** THE minds of many people, good digestion and good health are about the same thing. Certainly a smoothly functioning digestive system indicates that a person has good appetite and enjoys the generous variety of excellent foods available today.

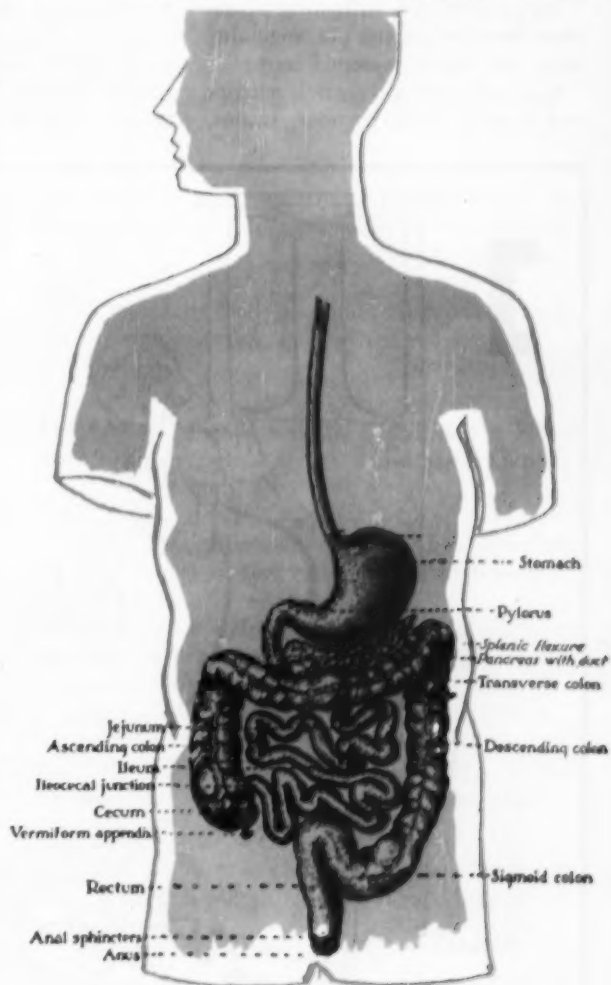
The digestive tract is a complicated system which responds splendidly to varying amounts of food and liquid. Digestion begins as soon as food is taken into the mouth, and the movement of food through the digestive tract, withdrawal of useful ingredients and rejection of waste and excess follow pretty much on schedule. The greatest digestive action occurs in the stomach and upper portion of the small bowel.

The large bowel joins the ileum, the lower part of the small intestine, in the lower right part of the abdomen. This area has become famous because of the appendix, a worm-shaped organ, for which no useful function has ever been found. It is a trouble-maker, however, and when infected or otherwise irritated it should be promptly removed.

The large intestine, or colon, has two principle functions: (1) water and some minerals are withdrawn to make the liquid bowel mass a soft solid; (2) the lower part of the colon, known as the rectum, acts as a reservoir for waste matter, the feces. A remarkably sensitive reflex nervous control exists between the taking of food into the stomach and stimulation of the lower bowel for evacuation.

Someone has said that the digestive tract is the mirror of the soul. This may be stretching a point, but the fact remains that emotional disturbances are intimately associated with functional disorders, especially of the large bowel. An irritable person often has an irritable bowel. This may reveal itself through diarrhea or constipation. Or the irregularity may alternate from one to the other. No matter how careful an examination of the bowels by x-rays, blood tests and other analyses, the real cause of the nuisance disorder will not be identified until a careful evaluation of the stress under which the victim is living has been made.

The choice of food is important when the lining of



Digestion is a complicated process; in most people it automatically functions well if we do not interfere.

the lower bowel is irritated. Because of this, anyone with an irritated bowel should be careful to avoid:

Smoked, dried or salted meat and fish, pork, shellfish, meat with tough connective tissue and fat and gravy.

Fried eggs.

Raw vegetables, broccoli, Brussels sprouts, cabbage, cauliflower, corn, kohlrabi, onions, peppers, turnips.

All raw fruit except ripe banana; pineapple, except the juice; skins and seeds of fruit.

Coarse whole wheat and bran breads, hot breads, coarse cereals unless strained. Shredded wheat, bran flakes and other bran or whole wheat ready-to-eat cereals.

Excess fat on meat, foods fried in fat and all foods prepared with excess fat. Oils, mayonnaise and salad dressings.

Soups prepared with meat stock, clam chowder, pepper pot, vegetable soup and highly seasoned soups.

Rice and spice cakes, rich pastries and desserts with coconut, raisins,

nuts, raw fruits and fruits listed under those not allowed.

Stimulating beverages such as strong coffee, tea and carbonated drinks.

All condiments, rich sauces, gravies and seasonings except salt in moderate amounts.

These foods stimulate and therefore irritate the bowel, thus adding to the distress of the patient.

**T**he lower bowel is a rugged part of the digestive tract, but it may be affected by an ulcerating condition not too dissimilar from peptic ulcer in the stomach or duodenum. When inflamed and infected, ulcerating colitis oftentimes is troublesome to cure. The same, to less extent, is true of parasitic infestation caused by worms, amebae or other parasites. Fortunately, a thorough physical examination with laboratory tests and x-ray studies readily reveals the nature of all these conditions. Modern therapy is exceedingly effective, and

the earlier treatment is begun the more promptly the bowel function will return to normal.

A vast amount of damage is done to the sensitive and highly complex tissues of the gastrointestinal lining by the irritants taken at the suggestion of high-pressure advertising. It would appear that one of the major duties of medical authorities today is to combat the deleterious effect of self-medication with nostrums. Irritation of the lower bowel from coal tar is so well known and widespread as to require little comment. The rhythmic function of evacuation should be understood by folks as they grow older in order that incorrect use of purgatives may be avoided. Correction of diet and the use of sufficient fluids will bring relief from constipation in many people. Exercise, either active or passive, and abdominal massage over the large bowel is very helpful in some cases. Most doctors find that a neurosis arising from overattention to the bowel and its evacuation not infrequently accompanies chronic constipation.

Widespread publicity concerning various forms of cancer has alerted the public to the importance of alterations in evacuation of the bowel. This may mean increasing constipation or alternating diarrhea and constipation. Or the patient, usually over 50, may see a streak of medium or dark-colored blood following a bowel movement.

Recently, a carpenter of 63 came to the Lankenau Hospital in Philadelphia with a story of increasing constipation with occasional dark stools. Examination with an instrument inserted into the rectum after an enema revealed a round, constricting mass. Prompt removal of this tumor by operation was indicated.

Fortunately, since tumor growths are not rare in the lower bowel of middle-aged and older people, the danger of early spread to other organs is less than with growths higher up in the digestive tract. With refined methods of diagnosis and the magic of modern surgery, the chances of complete cure of a tumor of the lower bowel are better today than ever before.

Many men and women carry on



"... and after hunting all over we finally found a place where the snow was way over our heads."

normal occupations and enjoy good health even though a considerable portion of their lower bowel has been removed to eliminate cancerous growth. For these people, an artificial anus is created with an opening, as a rule, to the left and a little below the umbilicus. Such people wear form-fitting, small bag appliances of various kinds for the purpose of waste disposal. They are worn attached to a binder or belt around the midline. The bag, which is removable, holds waste materials as eliminated. Thus, prompt cleansing and hygiene for the fastidious person are readily maintained.

Probably the most common and painful condition folks experience is hemorrhoids. Three veins take care of the return flow of blood to the heart from the lower part of the rectum and anal area. Hard, dry stools, particularly large masses, when forced past the sensitive mucous membrane at the anus may cause a break in the membrane with exposure of the nerves to irritation by the waste material. This crack in the mucosa may become inflamed and the nerve reflex will cause a spasm of the muscle resulting in an exquisitely painful annoyance to the individual. When such a condition is permitted to exist over an extended period, the veins in this area become congested and blood clots may form. In reality, the veins become varicose veins. They may protrude through the anus and, when they become too large, the only satisfactory treatment is surgical removal. However, when they are treated early with elimination of the constipation and attention to the sensitive injured tissue, prompt relief is the usual experience.

In most people the lower bowel carries on its functions automatically and should not cause concern.

It has often been said that healthy bowel function is one of the most important basic needs of daily living. The close association between a wholesome mental attitude and normal digestion is well known. It was Josh Billings who wrote, "I have finally kum tu the konklusion that a good reliable sett of bowels is worth more tu a man than enny quantity of brains."

## MEDICINE FOR MORTALS

Edited by  
NOAH D. FABRICANT, M.D.



Medicine is the only profession that labors incessantly to destroy the reason for its existence.  
—James Bryce

Early to rise and early to bed makes a male healthy and wealthy and dead.  
—James Thurber

Surgery does the ideal thing—it separates the patient from his disease. It puts the patient back to bed and the disease in a bottle.  
—Logan Clendening

The best medicine I know for rheumatism is to thank the Lord it ain't the gout.  
—Josh Billings

There are some remedies worse than the disease.  
—Publilius Syrus

The desire to take medicine is perhaps the greatest feature which distinguishes man from animals.  
—William Osler

There are three fields in which all human beings are credulous—money, matrimony and medicine.  
—Morris Fishbein

The first water cure was the Flood, and it killed more than it cured.  
—Charles Lamb

Advice is like castor oil, easy enough to give but dreadful uneasy to take.  
—Josh Billings

Belladonna: In Italian a beautiful lady; in English a deadly poison. A striking example of the essential identity of the two tongues.  
—Ambrose Bierce

Taking a lady's hand gives her confidence in her doctor.  
—William Osler

A bilious philosopher's opinion of the world can only be accepted with a pinch of salt, Epsom salt by preference.  
—Aldous Huxley

America is the country where you buy a lifetime supply of aspirin for one dollar and use it up in two weeks.  
—John Barrymore

by BURTON H. WOLFE

# The Cured Cancer Club

*Now an International Institution*

SEVERAL months ago a middle-aged woman sat at her desk in Washington, reading a letter from a woman in Salonica, Greece, asking for help from the Cured Cancer Club. The woman's husband had died of cancer, and her family was destitute and in need of clothing. She had read about the club in the December, 1953, *Today's Health* and was turning to it in desperation. Within a few weeks the woman's entire family was outfitted with clothing, and the Cured Cancer Club of Washington was the talk of the village of Langadas in Salonica.

Mrs. Priscilla Dexter Kern, president of the Cured Cancer Club, and 70 other club members are former victims of cancer who have recovered and lived to carry out their vital idea: to provide a morale-building source of hope and reassurance for cancer patients by recounting their own fight against the disease, and to give financial aid to people impoverished by long sieges of cancer.

Begun with only six members in 1949 by a staff member of the American Cancer Society, the Cured Cancer Club has succeeded in organizing five new chapters in the United States and in spreading its work all over the globe. Their rapid expansion, says Mrs. Kern, stems largely from the magazine article which has been circulating around the world. From Alaska, South America, Great Britain, Belgium, Portugal, Greece, Italy, New Zealand, Japan and on and on, the letters have been pouring into the home of Mrs. Kern.

People write because they are depressed by their cancers and want to hear from others who have conquered the disease. They write for advice and material aid. They write about friends or relatives stricken with

cancer whose spirits could be improved by letters. They write to pay tribute to the Cured Cancer Club and to say they wish they had one of their own.

The mother of a boy in Italy who had cancer, for example, wrote that she was despondent. Soon she received encouraging letters from many of the club's members—all in Italian. She wrote back that the letters had comforted her and given her new hope. A man from Portugal wrote that he had a relative in New Jersey who was in need of medical and legal aid. The Cured Cancer Club located the relative and provided both. A woman in Alaska had leukemia and asked the club for aid. She was recommended to a doctor and received many letters from other leukemia patients.

Doctors and cancer patients everywhere have come to realize that the Cured Cancer Club is able to accomplish miracles when the most modern therapy fails. In several cases its members have been responsible for saving the lives of stubborn patients who did not want to undergo operations. For instance, one patient refused to have the growth on her throat removed because she was afraid she would be disfigured and lose her voice. When her physicians failed to convince her, they called upon the Cured Cancer Club. A member who had recovered from a similar operation visited the woman, explained how she, too, had been forced to choose between her appearance and her life, but instead had saved both by undergoing surgery. The balky patient went through with the operation, recovered and continues to thank the club. Without their help, she would not be alive today.

The work of the club becomes even more difficult in the case of a dying patient—Al Gilbert, for example. A



wealthy, husky, vigorous man in the prime of health, Gilbert was the type who would read about leading fatal diseases and laugh at the thought that he might ever become a victim. Nevertheless, he discovered one day that he was one of the increasing number of people to contract one of the most dreaded of modern killers—lung cancer.

At Johns Hopkins Hospital in Baltimore, Gilbert listened in disbelief as a doctor told him that both of his lungs were filled with cancer and that he had only 30 days to live. Grief-stricken, he immediately headed for the nearest pawnshop, bought himself a gun, and prepared to end his life before the disease could make him what he detested most—a bedridden invalid, dying a slow death. Only a deep loyalty to his wife, Edith, made him first return home to East Orange, N. J.

When he confided his plan to his wife, she immediately phoned the one person in the world who she thought could stop her husband from taking his life—Mrs. Kern. Edith, too, had read of the work of Mrs. Kern and the Cured Cancer Club. She decided to call Mrs. Kern in the hope she could prevent her husband's suicide.

When Al Gilbert took the phone from his wife, Mrs.

Kern was still unaware that he intended to shoot himself, but she had learned that his days were numbered at 30. Facing her, therefore, was the seemingly impossible task of cheering a man whose life was about to end and whose faith was already dead.

She spoke calmly, chatting about the members of her club who have conquered cancer and about the day 11 years ago when her doctors learned that she had intestinal cancer with only a fair chance of living. She described more unfortunate acquaintances who had died of cancer, but who had met their deaths cheerfully and courageously. Interjected in her conversation was a minimum of philosophy or sermons about a higher life after death, even though she is a devout Episcopalian who comes from a long clerical background.

When Gilbert hung up the phone, he had changed his mind. He would live as long as he could and face death with courage. From time to time, he telephoned Mrs. Kern, and one day he and his wife drove to Washington for a visit.

"When they arrived, my surprise couldn't be described," recalls Mrs. Kern. "He was a big, husky, healthy-appearing man and it was difficult to believe that he had been given a verdict of death so soon. For

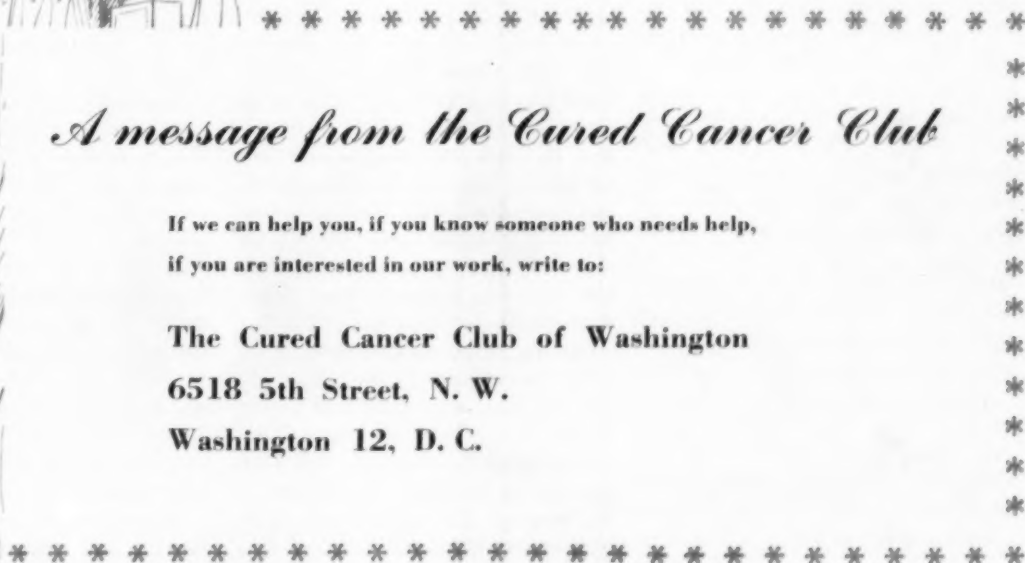


Two years ago, *Today's Health* told of a new opportunity for cancer patients. Since the idea is sound, the effects were world-wide.

*A message from the Cured Cancer Club*

If we can help you, if you know someone who needs help, if you are interested in our work, write to:

**The Cured Cancer Club of Washington**  
**6518 5th Street, N. W.**  
**Washington 12, D. C.**



his meal that night he ate enough to feed an elephant—a huge steak, pastrami, spaghetti, pie, coffee and other dishes.

"He seemed well, but his wife told me that the end was not far off. She said that our letters and telephone talks and his personal visit with me on this day had been all that had kept him going and held his spirits

up. And she said we had done so much for her because she was so frightened about the gun. Back they went to East Orange that Sunday afternoon—he driving and laughing as happily as could be as they went off."

Of course Al Gilbert died shortly afterward. But he met death cheerfully and with faith instead of taking his own life while still a depressed, embittered man. The Cured Cancer Club was responsible for that faith and for leaving Gilbert's wife with only the fondest memories of her husband.

Although work in the realm of faith and morale is not unusual for the Cured Cancer Club, its regular daily operations are of a more material nature. Steven Thuranski, for example, a Hungarian with lung cancer who escaped from the communist government in his homeland, was once a wealthy man. But the Hungarian government had confiscated everything. His doctors at a Washington hospital were willing to discharge him, but first he would need a breathing machine at his home for a while. Since Thuranski was unable to afford it, his doctors called upon the Cured Cancer Club, which immediately arranged for the rental of a machine and the necessary oxygen. And so Thuranski was able to relax at home.

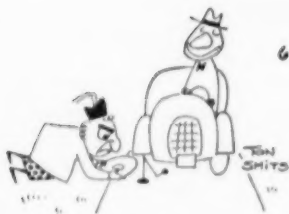
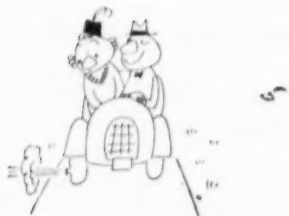
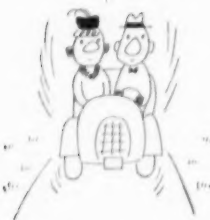
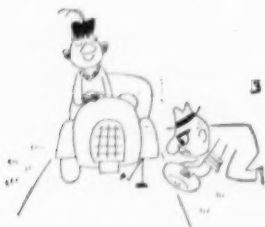
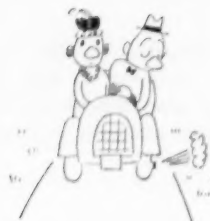
The club receives countless requests from convalescing patients, many of them bordering on the fantastic, but they manage to fulfill every one. For an ex-cowpuncher who felt despondent because he could find no useful occupation while recuperating from a cancer operation, the club procured the materials for him to fashion a Western saddle and sent along with the equipment the only man in town who could show the patient how to make it. For a Jewish woman whose orthodoxy demanded that she follow her religion's strict dietary laws even while convalescing, the club obtained a nurse who could cook kosher meals. For a Russian woman who could speak no English, the club provided a translator to aid her in the hospital. For an old lady with bone cancer who could not push her-

self about in a large, heavy wheelchair, the club furnished a miniature one used for children—and now she rolls along with ease.

Other requests are more heart-rending. The family of Douglas, a 16-year-old boy dying of hip cancer, was too poor to provide for his hospitalization. The Cured Cancer Club arranged for free clinical treatment. Arthur Bates, who had a wife and five children, was dying of cancer and entered a Washington hospital on welfare funds. But when the welfare check arrived, made out to him, he could no longer move his fingers to endorse it, and so his wife could not cash it. In the meantime, there was no money for food for his children. The club provided money for groceries and for Bates' sick room needs for several weeks until financial arrangements could be made for the welfare agency to meet the situation.

Another purpose of the club is to foster an intelligent attitude toward cancer in the mind of the average citizen. Mrs. Kern says that an incredible number of patients refuse to consult a doctor about their suspected cancer simply because they fear surgery. Too often they turn instead to quacks, who sometimes cause the deaths of those who could otherwise be saved. The Cured Cancer Club has reported to the U.S. Food and Drug Administration many of these rogues who prey upon human ignorance.

Through work like this, the reputation of and respect for the Cured



Cancer Club has spread across the United States. Five new chapters have been organized and there are many other prospects. The most recently organized chapter was begun in Tacoma, Wash., by Mrs. Edgar N. Eisenhower, sister-in-law of the President and Pierce County Commander of the American Cancer Society. Although she has never been a victim of cancer herself, she lost Mrs. Milton Eisenhower and several other close friends to the disease, and so she is dedicating a great deal of her time to cancer work. When she read about the club, she decided to organize a Cured Cancer Club in Tacoma.

"I should think the mere fact that there is a Cured Cancer Club would be about the biggest encouragement there is for cancer victims," Mrs. Eisenhower wrote to Mrs. Kern. "You are certainly to be commended on the wonderful work you are doing. You are doing a wonderful job and a much needed one."

In San Francisco, Everett Silver, who recovered from a serious case of intestinal cancer, wrote to Mrs. Kern

for help in organizing a club. It is now in full swing, and Silver expressed its value adequately enough when he wrote to Mrs. Kern, "When I was told I had cancer, I would have given anything to talk to someone who had been cured to give me a little assurance."

Three other new chapters are located in Memphis, Klamath Falls, Ore., and Laguna Beach, Cal. Prospects are in view for others at Knoxville, Hartford, New York, Manchester, Eng., and Honolulu.

Next on the club's list of projects are the establishment of a national organization and an attempt to initiate a speech clinic in Egypt to teach people who have lost their larynxes in cancer operations how to speak again by burping.

The latter project got its start at a club dinner held at the Egyptian Embassy in Washington. Attending were several laryngectomized members. A laryngectomized person is one whose larynx, or voice box, has been removed. The larynx is the cavity at the upper end of the wind-

pipe that contains the vocal cords and hence acts as the organ of voice. When a person's larynx is removed, he loses the power to make any sound . . . with one exception. He can still burp.

Making use of this one sound, the laryngectomized members of the Cured Cancer Club have learned to speak again—simply by producing one burp after another and shaping them into words with mouth and tongue. One of the members, George MacMullen, a married man with three small children, can effect the unusual mode of speech well enough to be employed by the local telephone company.

MacMullen has an excellent personality, and his speech sounds no worse than if he had a frog in his throat. When the Egyptian ambassador heard him, he immediately became interested and started asking questions.

"I explained how the teaching of esophageal speech made it possible for these people to talk," says Mrs. Kern. "The ambassador said that they did not have anything like that in Egypt, but wished they did. A few days after the dinner, I wrote to ask him if he would be interested in establishing such a program in Egypt and I recommended George MacMullen as a well qualified person to set it up. Through interpreters he could teach a group of native instructors how to teach this speech, and soon they could teach their own people who had recovered from laryngectomy in their own language.

"George thought it would take about a year to get such a program under way and I thought that by then other countries would have heard of it and want it, too. It would be a career for George, and he could do such good for the people whom he would be helping."

Latest word on the idea is that the Egyptian ambassador is waiting for the proposal to be shuttled through all of the complicated legal channels in Cairo. In view of the accomplishments of the Cured Cancer Club so far, however, it seems highly improbable that any legal complication could prevent this new project from becoming a reality in Egypt—or anywhere else.



"I'm going to ask for a transfer to another section—  
I'm dog-tired when I get home at night."



# MUSCLES

## HOW THEY WORK

### and

## HOW TO USE THEM

You needn't be a faddist to give your muscles the care they need to keep you as well as possible

by J. D. RATCLIFF



**E**VENTS that take place when a dog wags his tail, a baby toddles across the floor, or you scratch your nose with your forefinger, dwarf in complexity the workings of a hydrogen bomb. All are examples of muscular contraction—so commonplace we pay them no heed, yet so mysterious that they baffle the most gifted scientists.

More than half of the human body is muscle—"the most remarkable stuff in nature's curiosity shop," as one scientist has said. From birth to death, muscles play a critical role in everything we do. They propel us into the world in the first place—when the womb suddenly empties itself after nine months of quiet. *Finis* is written when the heart muscle falters and fails.

Muscles are the body's "furnace"—providing nearly all our internal heat. They push food along the digestive tract, suck air into lungs, squeeze tears from lachrymal glands. Blood vessels have elaborate networks of tiny muscles which tighten to hoist pressure when we meet stressful situations. The heart, a wondrous organ, is nothing more than a sturdy muscular pump, capable of a prodigious output of work. Constant flexing tires a finger muscle in a few minutes. Without complaint the faithful heart beats something like 2.5 billion times in a 70-year lifespan—and pumps enough blood to fill

a lake 1800 feet in diameter to a depth of five feet.

We speak of "muscles of iron." Yet the working or contractile element in muscle is a soft jelly. How this jelly contracts to lift 1000 times its own weight is one of the supreme miracles of the universe.

The elaborate series of chemical and electrical events which occur every time a muscle contracts would require hours or days to duplicate in the laboratory. In muscles they take place almost instantaneously. The twitch of an eyelid, for example, requires no more than a few thousandths of a second.

Our miraculous muscles have one main purpose: to keep us alive, functioning, moving. After doing these jobs there isn't a great excess of power left over. We may be impressed by the rugged strength of a lumberjack,





but his power output through the day is about equal to that of a small kitchen mixer—one tenth of a horsepower. Over shorter periods, muscles can expend energy at a more rapid rate. In a rowing race, crewmen work at the rate of one half horsepower. A sprinter may get up to three horsepower—but he can do this for only a brief time.

Among the greatest mysteries of science are *why* and *how* muscles contract to produce motion. "It is essential that we gain some understanding of these great puzzles," says Dr. Albert Szent-Györgyi, Nobel prize winner and director of the Institute for Muscle Research, Woods Hole, Mass. "In one way or another, failure of muscles to contract properly accounts for the vast majority of deaths—from heart failure, high blood pressure and other diseases. The womb is nothing but a muscular pouch. When its muscle fibers perform improperly, a life is snuffed out. How many embryos are rejected by the uterus no one knows—but there is considerable evidence that this organ is the greatest of all murderers."

There are three types of muscle in the human body. One type is the striated muscle which looks something like a sheaf of hair-sized filaments. These are the muscles of motion—the ones that propel us when we walk, that lift a forkful of food, that nod our heads. Next come the "smooth" muscles. These control such involuntary actions as the churning of intestines during digestion, the rise and fall of blood pressure, the dilation of the pupil. A third type of muscle is found in the heart. In structure, it is midway between the other two.

For years physicians have known how muscles are hooked to bones to produce motion. They have known that they are built up of amino acids derived from protein foods; and that they are nourished by starchy glycogen. A number of research workers have pointed up the fact that muscles are startlingly efficient machines for converting chemical energy (food) into mechanical energy (work). Indeed, they equal the most efficient of all man-made machines—the steam turbine.

All types of muscle have large oxygen requirements. There is no great strain so long as we rest quietly. And for short periods we can exercise violently. Then we become breathless. Muscles have used up available oxygen and must rest until the oxygen "debt" is paid.

Engaging though many experiments have been, they haven't answered the puzzling questions about muscle



function. No one knew *how* or *why* muscles contracted—and this was the nub of the entire matter. Hundreds of books and scientific papers were written on muscles—but none could tell you *how* to wiggle a toe.

It is riddles such as these that Dr. Szent-Györgyi and his co-workers at Woods Hole are seeking to solve. Fiber by fiber and molecule by molecule they have taken muscles apart, then fitted them together again trying to discover the mechanics of muscular action. "At the moment," Szent-Györgyi says, "we have the picture of this deep and puzzling mystery in merest outline."

The rough outline suggests that even a resting muscle is never thoroughly relaxed—complete relaxation comes only with death. Because it is partially tensed—something like a taut spring—the living muscle is ready for almost instantaneous action when an electrical message arrives from the brain ordering it to contract.

Two proteins, Szent-Györgyi has found, are mainly responsible for muscular contraction. One is called actin, the other myosin. Remember those names well. The next beat of your heart depends on them. Alone, neither is contractile. But when an electrical impulse arrives from the brain ordering the batting of an eye, or the wrinkling of a nose, actin and myosin combine to form actomyosin. This substance is contractile.

In a sense actomyosin is the muscular "engine." Like any other engine it requires fuel. The fuel is a remarkable chemical substance—"perhaps the most remarkable material on earth, one of the main axes around which life revolves," according to Szent-Györgyi. Its name: adenosine triphosphate—ATP for short. ATP is, almost literally, a submicroscopic bombshell of energy. This remarkable stuff is essential to the functioning of nerves. It plays a part in fermentation. Perhaps most awesome of all, ATP supplies the male sperm with the energy for its journey toward the female egg to create new life.

At death, ATP disintegrates rapidly. When it is gone, muscles become hard, inelastic. This is *rigor mortis*.

A strip of muscle freshly removed from a rabbit is almost as elastic as rubber—thanks to ATP. But in a short time elasticity disappears. When pulled, the muscle doesn't stretch. Like a rotted rubber band, it breaks.

Szent-Györgyi has devised a number of remarkable experiments to demonstrate the critical importance of ATP. In his laboratory, muscles have been washed free of the chemical. Hard, brittle, dead, they have been stored in freezers for periods up to a year. Taken out, thawed and touched with ATP, such muscles spring to life; once again they show the energy they did when they propelled a rabbit in its hopping gait!

Creating living tissue in the laboratory has been something of a scientific will o' the wisp. But muscle researchers have come close to it—in experiments that are scientific milestones. At Woods Hole, Dr. Szent-Györgyi mixed jelly-like actin with jelly-like myosin. Then, with the aid of a tiny glass nozzle, he spun this material into gossamer filaments. Watching through a microscope, he added a droplet of ATP to the fluid surrounding the filament. There

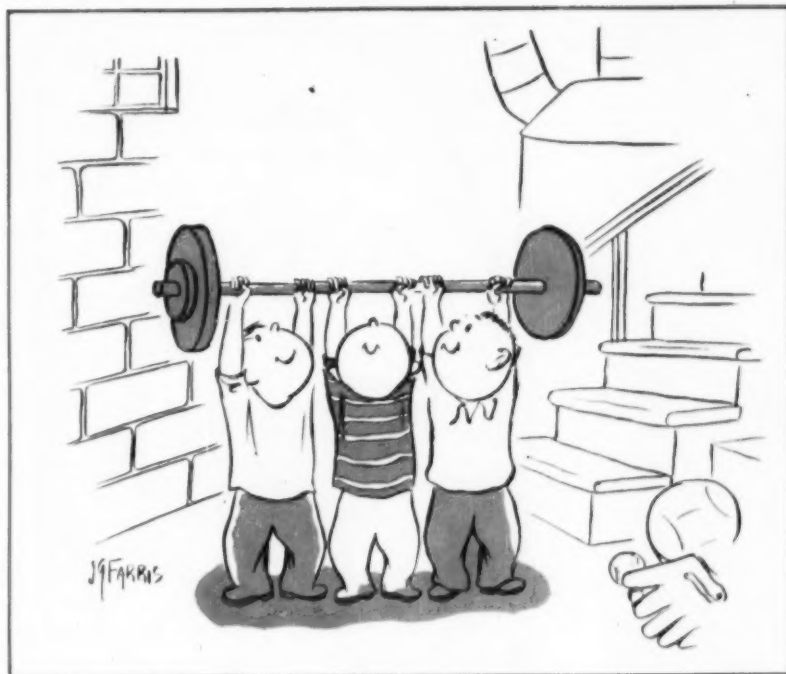
was a violent contraction! He had artificially created perhaps the most fundamental of all life processes—muscular contraction. "It was," he says, "the most exciting moment of my life."

Where are such experiments leading? It is altogether likely that once the mechanics of muscular action are thoroughly understood, an entire new frontier of attack will be opened on some of mankind's greatest ills. There is no logical reason why the human heart should beat 2.5 billion times during a lifetime, then fail on the 2.5 billion-and-first stroke. Almost nothing is known about the cruel, crippling of muscular dystrophy; or why the muscles in blood-vessel walls should suddenly tighten to produce the misery of hypertension; or why the uterine muscles of many women become crampily contracted each month to cause distress. Once these riddles are solved, Szent-Györgyi thinks, "we will be at the beginning of a new biology, a new medicine."

Meanwhile, there is a great deal all of us can do to keep our all-important muscles functioning. First, they



"So that's it. I always figured the stork had too short a wingspread to carry an eight to ten pound load."



must be properly fed. Generally speaking, the average diet includes all the protein needed for muscle repair, and all the carbohydrate required for muscle fuel. But muscles can starve even while a person is living on an ideal diet—witness hospital patients who eat perfectly adequate meals and get out of bed too weak to walk. Reason: exercise plays nearly as important a role as food in muscle nutrition.

Muscles are nourished by thousands of miles of hair-like capillaries, which transport food and carry off wastes. In the adult who lives a normal sedentary life, a major portion of these capillaries are collapsed, out of business, nearly all the time. Exercise alone can open them up and provide better muscle nutrition.

A number of studies have shown the beneficial results of exercise on muscles in general, and the all-important heart muscle in particular. A study of London busmen, for example, showed that drivers, who sat all day, had far more heart trouble than conductors, who were constantly on the move. Similar checks have shown office workers more prone to heart disease than postmen.

Says Dr. Thomas K. Cureton, Jr., director of the Physical Fitness Laboratory of the University of Illinois: "In terms of potential work capacity,

muscularly unfit individuals are only half alive after the age of 40. We must be brought to believe that physical fitness isn't something static or irreversible. It isn't something we obtain in a high school gymnasium and can then forget. Fitness is something that can be changed at will—for better or for worse. It can be changed for the better at almost any age."

By and large, most of us use our muscles poorly, subjecting them to unnecessary stresses and strains. A housewife leaning over a low sink or ironing board is requiring back muscles, not arm muscles, to do most of the work. A businessman slumped in a soft chair is requiring his muscles, not the chair, to support him.

A little thought can eliminate such strains. Pie tins will lift a dishpan to the best work height, books will lift an ironing board. Once the ideal, most relaxing height is found, permanent adjustments can be made. The desk worker will find a straight, hard chair more relaxing than a soft one.

Often, muscles become unduly fatigued when required to work at too fast a rate. One man rushes around a golf course and is exhausted after nine holes, while another is refreshed by a leisurely 18. One housewife rushes at her chores and is worn out

by noon, while her more leisurely sister accomplishes just as much and finishes the day still fresh.

A series of treadmill experiments tells why this happens. In one, subjects were paced at 140 steps a minute. Gradually speed was increased to 280. At the doubled rate, oxygen requirements of muscles increased eightfold! Supplying such demands is fatiguing in itself. All work and exercise should be paced to get the most out of our muscles.

Like all other body organs and tissues, muscles must have rest. Millions of people stay in bed the traditional eight hours, then get up exhausted. The most likely explanation: one set of muscles has been cramped, tensed all night—wearing out the rest of the body. The best way to avoid this is to become acquainted with your own muscles. It isn't difficult.

Lie quietly in bed, legs straight, arms at the side. Contract one set of muscles at a time, and consciously relax them. Start with the feet and work up toward the head. In a few minutes, real relaxation can be achieved—which will lead to more restful sleep.

By and large, muscles perform their functions amazingly well—efficiently and without complaint. But overburdened or weakened muscles sometimes require additional support. This is particularly true of the back muscles, which act as stays on a tent pole, and whose chief function is to hold the body erect. Most low back pain is traced to weakness of these muscles. Every physician has his favorite set of exercises to provide new strength. But until exercises are well under way, extra support is sometimes necessary. A polo belt is sometimes useful for this. A Chicago department store reports that of every 100 of these belts sold, 99 are for low back pain, only one for polo. Of course, a polo belt is not a cure-all for low back pain.

It is best, of course, not to wait until muscles are weakened before heeding their existence. One doesn't have to be a faddist to give muscles the minimum of care and modicum of consideration they deserve. For, to a great degree, we are what our muscles make us—sick or well, vigorous or droopy, alive or dead.

by MAX MILLMAN, M.D.



## Is your **WEIGHT**

**T**HE first step in reducing is to determine if fatness really exists, and, if so, to what degree. Unfortunately, this is not always easy. For years we have relied largely on weight charts. We know today this method by itself is far from satisfactory, and unless combined with other tests may even prove misleading. This, as we shall soon discover, is true even with the use of the more modern weight tables, which are considerably better than anything we have ever had.

The diagnosis of marked fatness or obesity is simple—so simple, in fact, it can often be made from across the street. Even moderate degrees of it can, as a rule, be detected easily. A good look in the mirror will often disclose the presence of bulges where none should exist. But here it should be stressed that not everybody carries excess weight in the same places. The difference is especially striking in the two sexes. Unlike men, women normally distribute their fat most heavily around the hips, thighs and the lower part of the abdomen. Venus de Milo and the paintings of Rubens forcefully illustrate this. During weight gain, men usually deposit their useless fat first in the abdomen, giving rise to the familiar breadbasket or "bay window" effect; women accumulate theirs in the thighs, back and buttocks. An easy way to remember this is that men "push" and women "pull" their excess fat.

Clothes, too, have a way of letting us know when they





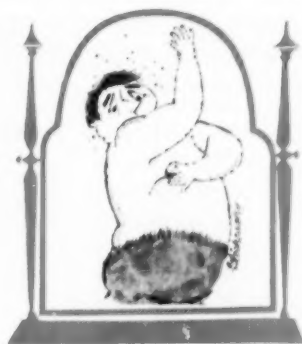
are being crowded, and in doubtful cases the tape measure will prove helpful. The waistline of men should always be less than their chest measurement at the nipple level. Even without the use of scales, many people can tell when they begin to feel heavy, often in more ways than one. Obesity has a habit of weighing us down not only physically but emotionally.

"At what weight did you feel your best?" Most people have a ready answer to this question, and usually it is not too far removed from their desirable or ideal weight level. When we lie perfectly flat and relaxed, on table or floor, our abdomen should never protrude above chest level. And friends often have a way of letting us know directly or indirectly that we are not as trim as we should be. As a patient philosophized, "When my friends tell me that I look 'very good,' I immediately begin to cut out desserts."

The real problem lies with the mild and borderline cases. Since as little as ten extra pounds causes an increase in mortality of eight percent, it follows that even slight degrees of overweight should be recognized and corrected as early as possible. The greater the degree of obesity, as may well be expected, the greater are its hazards and the more difficult is the treatment. It is fortunate, therefore, that marked obesity never invades our bodies suddenly or overnight. On the con-

## normal?

With several tests you and your doctor can find your ideal weight and stop fat before it can start.



trary, it develops as a rule slowly and stealthily; or as the expression goes, "it creeps up on you." It takes weeks, months or even years for the heavy jowls, the spare tires and the double chins to make their appearance. The roly-poly of today was at the beginning only pleasingly plump. It was then that treatment should have started. Fatness is always curable, but it can be combated most successfully when the pounds are few and the condition is but several weeks or days old. It is unwise, therefore, to brush off "a few pounds" as something trivial, just as it is unwise to embark on a reducing program without consulting your physician beforehand to determine if it really is necessary.

Not all of the fatty tissue in our body is useless or

detrimental—far from it. A certain amount of it is quite useful, serving as it does a variety of essential and important functions. (See "Useful and Useless Fat," *Today's Health*, March, 1953.) The only fat that calls for reducing is that which is superfluous. Furthermore, it should be emphasized that not all forms of overweight are due to fat. Some people, like the burly wrestler or the thickset football player, are heavier than average not because of excess fat but because of their large frames and tremendous muscles. Others tip the scales above normal because of an accumulation of salt and water, as seen often in heart or kidney disease. Uncomplicated pregnancy always causes weight gain. Tumors or growths can at times become large and heavy enough to increase the patient's poundage significantly. In man a waist circumference greater than that of the chest is indicative of obesity, but there are exceptions even to this rule. Abdominal muscles that, for one reason or another, have become weak or have lost their tone may give rise to an enlarged and protruding abdomen, resembling that of obesity. Distention due to gas may give a similar appearance. The only way to determine the possible presence of these conditions is from a complete physical examination by a competent physician.

It is easy to understand, therefore, why medical science has been so anxious to discover newer and more reliable tests for measuring the degree of fatness in the human body. The gross weight obtained by the aid of scales may tell that Mr. X is overweight (according to certain charts), but it does not begin to tell how much of Mr. X is fat and how much isn't. A number of other techniques have been devised, but it seems that the more accurate the method the more difficult it is to carry out. One example is the "total water dilution" method, requiring chemical injections, blood analyses and mathematical calculations. Another requires the use of the x-ray machine. This helps to distinguish between the density of fat and that of other structures. Since fatty tissue is distributed unevenly in the body, the x-ray technique is impractical for everyday use and is not too dependable.

Much more accurate but still quite difficult is the water immersion method, which necessitates weighing the patient normally as well as under water. The principle involved here is that of Archimedes, who showed that the weight of an object suspended in water is equal to its weight in air less the weight of the volume of water displaced. Since the specific gravity of fatty tissue is less (0.92) while that of bone and muscle is greater (1.1) than water, the proportion of fat in the individual tested can thus be calculated quite accurately. Employing this "body density" method, Dr. Ancel Keyes of the University of Minnesota found that the fat content of the average young male adult was about 14 percent, while that of the older male was 25 percent. In women it was appreciably higher.

Another and much simpler test Dr. Keyes is experimenting with is the so-called skin-fold technique. This is based on the fact that about half of all our fat is just under the skin. By pinching it rather deeply between

thumb and forefinger, a double layer of skin can be picked up, and the thickness of this depends largely on its fat content. In other words, the fatter the person, the thicker is his skin-fold. A refinement of this technique is to measure the pinched skin-fold by the aid of special calipers. The most informative place to pinch is the back of the upper arm, midway between the elbow and the tip of the shoulder. Another telltale place is at the side of the chest about a handbreadth below the armpit. Here normal thickness has been estimated to measure between one half and one inch. However, it will take much more time, research and experience before the usefulness of the skin-fold test can be determined.

We now come to a consideration of weight charts, a method which has been known for many, many years. Although still very popular, it is no longer looked upon as infallible or even dependable. There are many people who are "just right" according to these charts, but are not so when tested by more accurate methods. The reverse is also true. Nevertheless, by selecting the weight tables properly, and by using them intelligently, a great deal of valuable information may still be obtained.

For convenience, all weight charts may be divided into two categories: the old and the new. The perfect chart is yet to be discovered—since the human body is altogether too variable for easy cataloguing—but considerable progress has been made in recent years. The old height-weight-age charts were obtained in 1912 by weighing a large number of people of a given height, age and sex, totaling their weights, then dividing it by the number of people included in the series. What they give us is average rather than normal weights. Furthermore, since there are more than twice as many overweight as underweight people in the United States, the average thus obtained is obviously too high to be considered normal. The newer charts, on the other hand, are based on longevity statistics. Here the weights suggested are those which have been found associated with the longest possible life span. The weights recommended

by these charts are, therefore, often referred to as "ideal" or "desirable." (See table below.)

Another drawback to the older charts is that they advocate liberal increases in poundage with advancing age. A young man of 25, were he to follow their recommendations, would become at least ten percent heavier by the time he reached 50. This, in the light of present-day knowledge, is undesirable, to say the least. In the case of children, the story is, of course, different. Here, as everyone knows, body weight always increases in direct proportion to age. But boys and girls stop growing at about 17 and by the time their twenty-fifth birthday is reached they are past the maximum stage of skeletal and muscular development. It is because of this that the newer charts for adults allow no gain whatever above this age.

Since "middle-age spread" is due largely to diminished physical activ-

ity, the simplest way to prevent it is to lessen our food intake correspondingly. This can best be accomplished by following the 1953 Recommendations of the Food and Nutrition Board of the National Research Council, the table on Caloric Needs of Adults by Age. According to these, as may be noted, the daily food intake should be diminished from 200 to 300 calories for every 20 years of adult life.

Instead of "age," the newer charts employ "body build" or "frame" as a factor in the evaluation of normal weight. Some people are smaller and others are larger than average, not because of dissimilarity in fat content, but because of differences in the size of their bones, muscles and other organs. These structures combine to form our body build. It is safe to state that there are no two people with exactly the same physique or body build. Classifying into small, medium or large frames has been

## DESIRABLE WEIGHTS

### Men, 25 and Over

Height (with shoes on)		Weight According to Frame (as ordinarily dressed)		
FT.	IN.	SMALL	MEDIUM	LARGE
5	2	116 - 125	124 - 133	131 - 142
5	3	119 - 128	127 - 136	133 - 144
5	4	122 - 132	130 - 140	137 - 149
5	5	126 - 136	134 - 144	141 - 153
5	6	129 - 139	137 - 147	145 - 157
5	7	133 - 143	141 - 151	149 - 162
5	8	136 - 147	145 - 156	153 - 166
5	9	140 - 151	149 - 160	157 - 170
5	10	144 - 155	153 - 164	161 - 175
5	11	148 - 159	157 - 168	165 - 180
6	0	152 - 164	161 - 173	169 - 185
6	1	157 - 169	166 - 178	174 - 190
6	2	163 - 175	171 - 184	179 - 196
6	3	168 - 180	176 - 189	184 - 202

### Women, 25 and Over

4	11	104 - 111	110 - 118	117 - 127
5	0	105 - 113	112 - 120	119 - 129
5	1	107 - 115	114 - 122	121 - 131
5	2	110 - 118	117 - 125	124 - 135
5	3	113 - 121	120 - 128	127 - 138
5	4	116 - 125	124 - 132	131 - 142
5	5	119 - 128	127 - 135	133 - 145
5	6	123 - 132	130 - 140	138 - 150
5	7	126 - 136	134 - 144	142 - 154
5	8	129 - 139	137 - 147	145 - 158
5	9	133 - 143	141 - 151	149 - 162
5	10	136 - 147	145 - 155	152 - 166
5	11	139 - 150	148 - 158	155 - 169

By courtesy of the Metropolitan Life Insurance Co.

found convenient and practical, although admittedly not everybody fits exactly into one. The width of shoulders and hips, the thickness of wrists and ankles, posture, the size of the torso in relation to the extremities, and the muscular development of the individual, all of these have to be taken into consideration. Some people are so difficult to classify, especially in the presence of marked obesity, as to require expert medical assistance. In most instances, however, this is not necessary, since the majority of people are of medium frame. In other words, if in doubt, you are probably "medium."

The importance of determining the correct body build can hardly be questioned. The maximum normal weight of a five-foot, two-inch woman can be either 118 or 135 pounds, depending on whether her frame is small or large. In the case of a six-foot man the difference amounts to as much as 21 pounds. Body build as contrasted with obesity is largely hereditary, hence unchangeable.

Men are as a rule considerably heavier than women of the same height. Baby boys are somewhat heavier even at birth. In infancy the difference continues to be slight; it becomes more significant during adolescence and is quite marked in adult life. The reason for this difference is to be found in the larger and heavier body build that men usually have. The large-framed woman, however, may at times outweigh a small-framed man of the same height. Separate charts are almost always provided for men and women.

A factor about which all charts, the old as well as the new, are in full agreement is that of height. Although on occasion a large-framed "shorty" may even normally outweigh the skinny "beanpole," this is true only when their builds are of opposite extremes. When everything else is equal, the taller the person, the heavier he is. Every extra inch of height means that much more bone, muscle, fat and all the other tissues that form the human body.

Height being so important, how are we to measure ourselves—with shoes on or off? Some charts do and others do not include shoes. Men's

shoes increase height quite uniformly, but the heels of women's shoes may vary from less than one inch to as much as five inches. Charts stipulating "with shoes" usually allow one inch for men's footwear and two inches for women's. When using the Desirable Weight Table reproduced here you are to measure yourself with shoes on.

The influence of clothing on weight is even more interesting. Most charts at our disposal are based on data obtained from people examined for life insurance and weighed, therefore, as ordinarily dressed for indoors, which includes everything except hats, coats, jackets or vests. When these charts are used no one should subtract a few pounds for clothes, but allowance should be made for corsets, braces and arch supports. The Desirable Weight Table stipulates "as ordinarily dressed." When these charts are used by people undressed, seven pounds should be added for men, three for women.

Most of the newer charts provide a minimum as well as a maximum to our normal weight limits. This is a distinct advantage because it allows room for normal fluctuations. We cannot and should never expect to remain at one and the same point on the scales at all times. Our weight changes not only from day to day but even from hour to hour. We weigh less in the morning before breakfast and we are our heaviest at bedtime, the increase depending on the consumption of food and liquid during the day. The difference between arising and retiring is usually one half to two pounds. An eight-ounce glass of water will increase our weight, temporarily at least, by a half pound, and a good-sized dinner may make us three pounds heavier. Over a period of days or weeks the fluctuations, all within normal limits, are even greater. Generally, the heavier the person the greater the fluctuations.

In addition to the daily weight variation in both sexes, many women show considerable fluctuation in relation to their menstrual cycle. They begin to gain about a week before and are their heaviest on the first day of menstruation. Their weight

then comes down gradually, reaching its lowest point about ten days later. In some there is a secondary increase in weight at a point about midway between two menstrual periods. A woman who menstruates, let us say, on the first of the month and again on the twenty-eighth will be her heaviest on these two dates, but she may also become fairly heavy on the fourteenth day of the month. She will weigh the least on the tenth. The difference between minimum and maximum weights during a single menstrual cycle may vary from zero to as much as six pounds or more, with an average variation of three pounds. The weight gain with menstruation is due to retention of salt and water. Not only do women get heavier then but many of them also feel bloated, complain of headache, excess appetite and nervousness.

All reducing women should be familiar with these phenomena. It will help them understand why on some days they lose easily, whereas on others they "can't lose an ounce." A special reminder should go out to those who may be starting on a reducing program a week or so before menstruation. During these days little or no weight loss may be perceptible even with strict dieting. Patience and perseverance will reward them with extra weight loss, once menstruation gets under way.

The greatest service that scales offer in reducing is as a yardstick of progress. Those who lose should weigh themselves regularly and often, at least twice a week. This should be carried out under the same conditions—that is, the same scales, the same time of day, the same amount of clothing. The weights should be recorded in writing. One wag suggested that the best place for scales is not on the bathroom floor but rather on top of the dinner table to serve as a stern reminder.

The hazards and disadvantages of fatness are no longer debatable. No one, however, should reduce without determining beforehand how much of his body fat is disposable. The mere desire to be fashionable is no excuse for reducing. Extreme slimness may invite troubles greater than

(Continued on page 59)





1. Blind visitors may transcribe parts of Braille books with special instruments.

by DIANE WING

Photos by Orlando (Three Lions)

**T**HE Library for the Blind, completed in 1952 by the New York Public Library to provide reading rooms as well as mail-order services, now serves hundreds of readers every day. It has over 36,000 volumes in Braille and 25,000 recorded "talking books."

Here, in their own library, blind readers may browse through the collection, read in Braille or listen to talking books at their leisure. They can hunt for their own reading material, with a librarian to help if they desire. The Library for the Blind is convenient to the subway, with a subway entrance at one corner of the building.

Blind readers who cannot go to the reading room are able to send in requests, on a form provided by the library, and receive the books of their choice by mail. For this purpose, Braille and talking books go postage free. Reading lists are sent out frequently, so that the readers are always informed on new books in the ever-increasing collection.

The Library for the Blind, continuing a service that began as a mail-order department of the New York library in 1895, serves Long Island, Connecticut, Puerto Rico and the Virgin Islands as well as New York City.

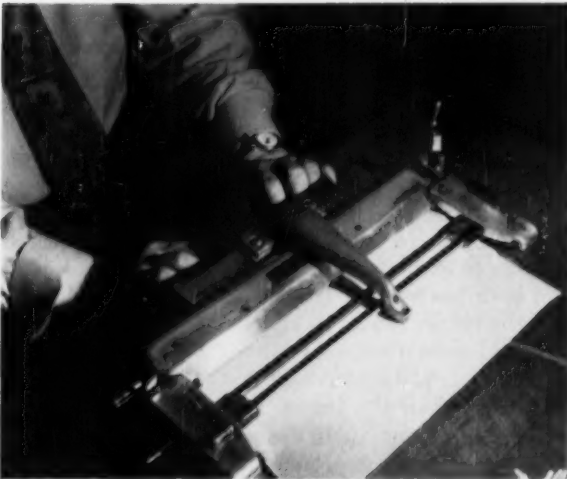




2. The library furnishes phonographs on which the blind may listen to any of the 25,000 talking books.



3. Pictured here is a book of fiction with the five volumes that are required to reproduce it in Braille.



4. Braille typewriters are used to carry on the frequent correspondence with the many blind readers.



5. The Seeing-Eye dog rests patiently at her feet while she reads in the library's main reading room.



6. The title and author of each book for the blind are printed in Braille on the side of the binding.



7. Many hundreds of volumes and talking books go into the mail daily at the Library for the Blind.

# THE KIDNEYS

## *and how they function in health and disease*

**T**WO and a half million microscopic filters, with a total pore surface equal to a cross section of an eight-inch pipe, filter 50 gallons of fluid and five pounds of solids from the blood each 24 hours. Two hundred thousand feet of tubules reabsorb more than 99 percent of this fluid and most of the solids and put them back into the blood stream. This is a brief description of the two fist-sized organs, together weighing about half a pound, that we call our kidneys.

Every 27 minutes all our blood passes through these marvelous organs. The 24-hour fluid withdrawal by the kidneys is nearly five times the total water in the body and more than 50 times the fluid in the blood vessels. The salt removed far exceeds the body store. This removal of materials from the body and immediate replacement of most of them is nature's way of maintaining the proper balance of sodium and potassium salts in the body's cells and the spaces around them. This also is the means of discarding excess salt and urea, the principal waste from used protein. The quart or so of salty fluid discarded is called urine.

A physiologist, Dr. Homer W. Smith, described this extravagance of kidney function by saying, "There is enough waste motion here to bankrupt any economic system other than a natural one, for nature is the only artificer who does not need to count the cost by which she achieves her ends."

The inefficient effectiveness of a kidney can be better appreciated by seeing how it got that way through eons of evolutionary development. The earliest ancestors of backboneed animals lived in a moderately salty sea. A bit of this sea was enclosed inside the animal to better regulate its composition. This was simple, since water was freely imbibed, pumped through vessels, allowed to permeate the tissues, secreted along with wastes and pumped out again.

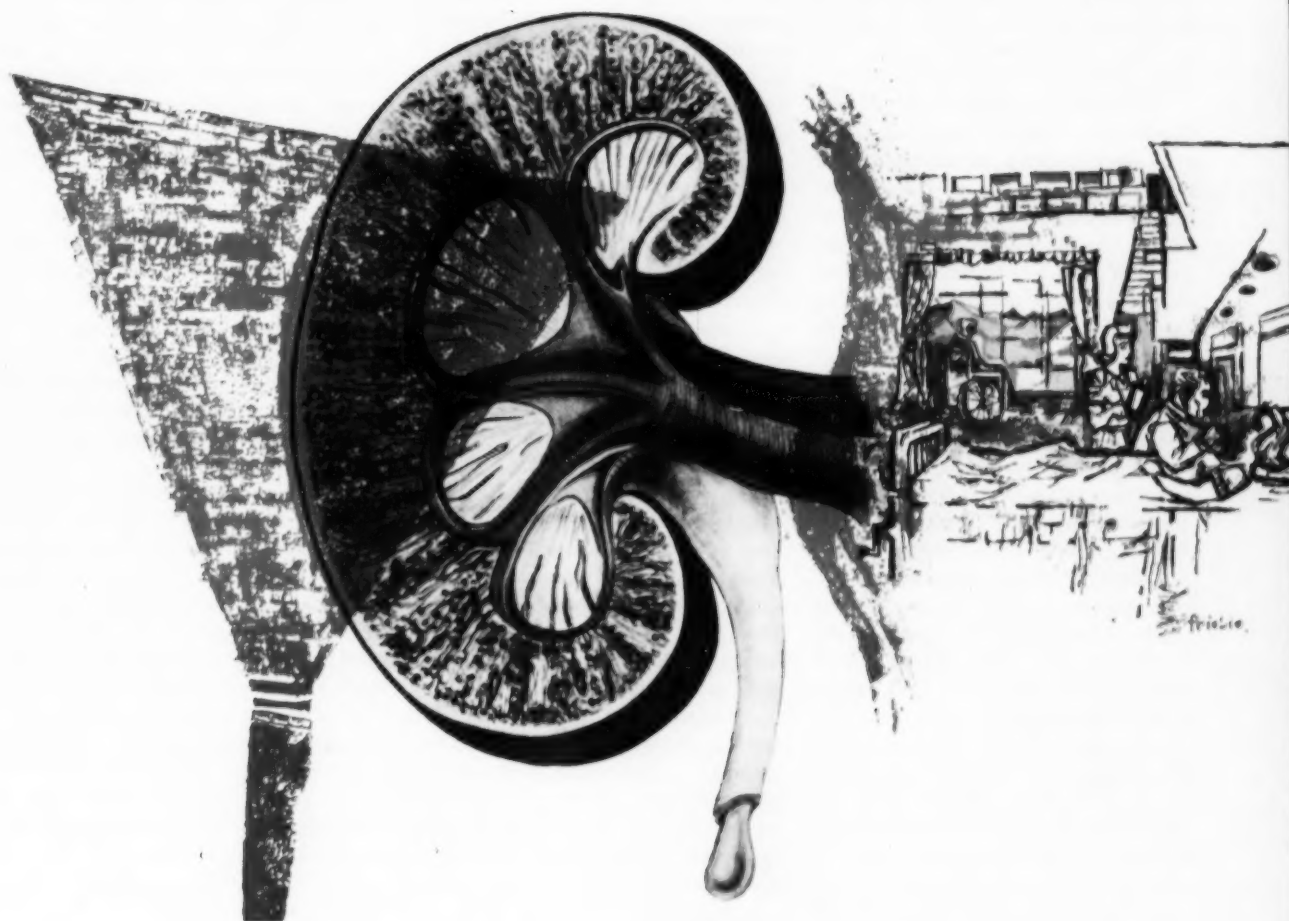
When this animal invaded fresh water, his salt content caused him to soak up quantities of water. The glomerulus was invented to filter off this excess water. But this created the problem of conservation of the valuable salts which were at a premium in a fresh-water environment. Something was needed to absorb

salt and glucose, so a tubule was added to the glomerulus. Later, on dry land, there was a need for fluid conservation rather than fluid elimination so more tubules were added to reabsorb water, leaving just enough to carry away the wastes. Instead of discarding the earlier models and starting afresh, each new need was met by adding to what was present.

The complexity and inefficiency of the kidney might be compared to the federal bureaucratic government. Both started in a simple form. New agencies were added one after another to meet new situations. Nothing, regardless of its usefulness, was discarded. It is amazing that both government and kidney function so well. In fact, the kidney can do its job of maintaining proper salt and fluid concentrations with less than a million of its 2½ million units still working.

To know how the kidney functions one must know about its working unit, the nephron. The details of nephron activity were definitely established by ingenious research less than 20 years ago, though the principles were anticipated long before they were proved. Each nephron consists of a glomerulus and a tubule. The glomerulus is the filter. It consists of 20 to 40 capillary blood vessel loops enclosed in a capsule about eight thousandths of an inch across. The capsule opens into a collecting tubule. The pressure in these capillaries is much higher than in most for four reasons: the arteries to the kidneys come directly from the aorta (the main artery from the heart), they are quite short, are very large for the size of the kidneys and branch abruptly into these very small vessels in the glomeruli. Very little of the force of the heart beat is lost. This pressure pushes the fluid part of the blood, called plasma, through the capillary walls at a rapid rate—about one drop per day per glomerulus, more than half a cup per minute for both kidneys, or about 50 gallons a day. This daily quota of plasma contains a variable amount of urea, about 2½ pounds of table salt, a pound of baking soda, a half pound of glucose, a quarter pound of amino acids derived from proteins, a teaspoonful of vitamin C and several other things in lesser amounts.

The salty plasma enters the tubules attached to the



This amazing organ is the key to the delicate chemical balance that keeps our cells alive.

by DONALD A. DUKELOW, M.D.

glomeruli. Each tubule is about two thousandths of an inch in diameter and  $1\frac{1}{2}$  inches long. Together they measure 40 miles. Most of the water and salts are returned to the body through the walls of these tubules, but in a very selective way. The blood vessel which has had its plasma forced out in the filter, or glomerulus, now surrounds the tubule to pick up the return load of salts and fluid. Urea proportionate to the water absorbed, glucose, vitamin C, amino acids, phosphate and sulphate return to the blood vessels. Normally all glucose is reabsorbed, but since there is a limit to the speed of its reabsorption, glucose will show in the urine if more is present than can be picked up in the time it takes the fluid to move through the tubule. Sodium, chloride and bicarbonate—the major ions of plasma—have no reabsorption limit and are returned to the blood according to the body's need. Nearly all of the water is reabsorbed either along with salt, bicarbonate and glucose which it dissolves, or directly under the stimula-

tion of the body's antidiuretic hormone, pitressin. This hormone is a key to the body's amazing maintenance of just the right water content.

From the collecting tubules the remaining fluid, or urine, passes through larger and larger branches of a tree-like set of tubes to empty into a collecting space within the kidney called the renal pelvis and find its way to the bladder. Normally salvage is complete by the time urine enters the kidney pelvis. The 50 gallons of fluid and pounds of solids are now two or three pints of fluid containing a couple of teaspoonsful of salt, some urea and traces of a few other chemicals.

All this remarkable activity takes place in two quarter-pound organs, shaped and colored very like kidney beans. The kidneys lie under the lower ribs on each side of the backbone, much higher than the "aching back" ads for kidney pills would indicate. Incidentally, such ads are inaccurate because kidney diseases (except kidney stones) produce little or no pain and what there is

rarely affects the back. Any pain in this region is more likely to mean trouble in the backbone, the diaphragm or other organs.

The kidneys and urine have been associated with each other since man first noticed the similarity of their odor and taste in the animals he killed for food. In man's efforts to put to use what otherwise might go to waste, urine became important in magic and witchcraft. It has served in earlier generations as a skin softener and beauty bath, and in some rural communities even today there is belief that it will soften the hands. Urine is a mild detergent; that is why it is foamy. In many primitive cultures fermented urine is used to clean and bleach wool before dyeing. Native tweeds and homespuns from the Scottish Highlands are expected to retain remnants of the strong odor of the fermenting vats in which the wool was processed. But the chief use of urine has been in the diagnosis of disease.

Sumerian and Babylonian physicians, the early Hindus and the Egyptians have left records relating certain characteristics of urine to disease in the one who passed it. In the Hippocratic texts, 182 references were made to the appearance of urine in disease conditions. During the twelfth century the cult of uroscopy flourished. This was the art of diagnosing disease and prescribing treatment solely on the basis of looking at a patient's urine in a special flask, according to an involved ritual. This was so popular that it almost excluded other types of medical observation. The practice has been immortalized in the work of many artists and writers of the period. Today urine analysis is a part of scientific medicine. Modern physical, chemical and bacteriological examinations of the urine are essential to the diagnosis of many diseases, the determination of the patient's progress and the regulation of treatment. Tests of urine and blood are valuable in measuring kidney function and evaluating kidney disease itself.

Four things can happen to the kidneys to disturb their proper function: (1) the glomerulus can be damaged so that it fails to filter properly;

(2) the tubules, from injury or disturbed function, may fail to absorb essential chemicals and water; (3) changes in the small arteries due to vascular disease and high blood pressure can cause changes in kidney function, and (4) obstruction by stones or other interference with free urine flow will cause a backup that stops kidney function and in time produces atrophy and destruction of the kidney. Many of these changes are toxic reactions to bacterial infection, often coming two or three weeks after apparent recovery from an illness. Others are due to poisoning with chemicals such as mercury and phenol (formerly called carbolic acid), reaction to burn and crushing, toxemias of pregnancy, transfusion reactions, diabetes, pernicious anemia and many other conditions.

As a rule the body maintains an exact balance between the fluid pressures inside and outside its cells. This is determined by the kind and amount of salt each contains which in turn is determined by the kidney's retention or excretion of these salts. The body can tolerate a 15 to 20 percent increase or decrease in the overall concentration of salts, but beyond that, dilution leads to convulsions, concentration produces fever and failure of respiration and circulation. Any disturbance of the balance between excretion and reabsorption will cause trouble.

In acute kidney disease there tends to be a "tubular preponderance." This can come from damage to the glomerulus, most often due to inflammation and swelling of the tuft of blood vessels that composes it, resulting in a decreased filtration rate. Or the preponderance can come from increase in tubule function stimu-

lated by adrenal cortical hormones produced in response to the stress of disease or to nerve impulses that favor absorption of salt. This acute phase usually clears up reasonably soon—unless there is too much damage to permit life—and may go on to a chronic phase.

In chronic kidney disease the glomeruli may predominate. This happens when there is more damage to the tubules than to the filters, and it leads to a loss of salt and water through the urine. Tubules insensitive to adrenal cortical hormones will cause the same salt and water loss and produce dehydration.

By years of experience, improved laboratory tests and the art of clinical judgment, physicians have learned to evaluate such things as the presence of albumen, blood, pus and casts in the urine, changes in the ability to dilute or concentrate urine, edema, dehydration and many other symptoms. Further help comes from measuring the amount of nonprotein nitrogen, urea nitrogen, urea, creatinine and certain inorganic salts in the blood and the rate that the kidney eliminates certain dyes when injected into the blood stream. All of these aid in determining the exact condition of the kidneys and what can be done about it. And all of them are involved in the careful clinical and laboratory examinations to which doctors subject patients with kidney damage.

Many people show confusion about the role of the kidney, the bladder and the various urinary tubes when they talk about "weak kidneys" or "kidney disease." As we have seen, the kidney forms urine. This urine trickles drop by drop through small tubes to the bladder, where it is stored until enough accumulates to stimulate the desire to get rid of it. The inability to empty the bladder or its too-frequent emptying nearly always means trouble in the bladder, the tube through which it empties or organs such as the prostate which lie near the tube. Such symptoms are rarely caused by kidney disease. Though some bladder conditions cause backache, kidney diseases rarely do. "Flushing" the kidneys with drugs that increase





the flow of urine is neither necessary nor desirable. In health it's foolish, in illness—particularly certain forms of nephritis or inflammation of the kidney—it is definitely dangerous. Since most "Kololed Kapsules for Kidney Complaints" are diuretics which increase the flow of urine, they can drastically complicate an already serious illness.


The body can work fairly well on less than half its kidney substance. Occasionally a time comes when not enough kidney substance is operating to sustain life. When the loss is permanent nothing can be done, but a recently developed mechanical device can tide over temporary loss of kidney function. This may occur in acute infection, poisoning or toxic

reaction to burns, crushing injuries and similar sudden embarrassments to the kidney. The same device can also circulate and filter the blood during operations of the heart and larger arteries. It is called a heart-lung-kidney machine. The "heart-lung" part is a pump and an aerator to maintain circulation and permit the oxygen-carbon dioxide exchange that ordinarily takes place in the lungs. The artificial kidney is so built that the blood flows in a film between two sheets of thin cellophane in the opposite direction to the flow of a dialyzing solution on the opposite side of the sheets. This solution extracts excessive water as well as waste material through the membrane of cellophane. A person who

cannot excrete urine will die within 14 days; one boy was kept alive by an artificial kidney for 82 days.

Few people have need for such drastic treatment and, to be sure, few places are equipped to offer it. Unless there is overwhelming destruction of the kidneys by the toxic products of infection or injury, most people with kidney disease can be assured of many years of comfortable living by the treatments and supervision which the family physician is equipped to give. The best course is avoidance of the infections and injuries that can produce nephritis. But when kidney disease does occur, it is well to seek early treatment and adhere carefully to your physician's advice.

the  
of  
Aesculapius  
in 1956



**I**N the early days of Greece there lived a great physician who spent his life tirelessly in the service of the sick. His name was Aesculapius.

One day while he was seated at the bedside of a patient, so the legend goes, a snake entwined itself around the knotted staff which the physician always carried, imbuing him with wisdom. Aesculapius' staff has become the insignia of the medical profession.

Carrying Aesculapius' staff today, figuratively speaking, is your physician and the more than 222,000 other doctors of medicine in the nation—the largest number in our history.

We have come a long way since Aesculapius. Medicine's progress and achievements during recent decades have been striking. The last 50 years have probably been the most encouraging and productive period in history in understanding, controlling and preventing disease. This progress has given the United States the highest standards of health and medical care in the world, and has made America the center of medical education and research.

Physicians, scientists and laymen have worked side by side during the last 50 years to solve medical problems and offer new hope on the frontier of disease. Their remarkable accomplishments, reflected in your good health, include:

Development of such medicines as the sulfa drugs, vitamins, antibiotics, hormones, ACTH, cortisone and radioactive compounds.

Perfection of techniques for performing delicate, lifesaving operations on such vital organs as the heart and brain.

Tremendous advances against such scourges as tuberculosis, syphilis, smallpox, rheumatic fever, polio, cancer and heart and blood vessel diseases.

An almost 50 percent reduction in the general death rate despite an aging of the population.

An increase of life expectancy at birth of 21.1 years.

Affording an American mother 999

chances out of 1000 of coming safely through childbirth.

Our health progress has been primarily responsible for the increase in the number of Americans over 65 years of age. While the entire population has doubled since 1900—from 75 million to 160 million—the population of people over 65 has quadrupled—from three million to more than 12 million. This is truly a living monument to medicine's progress.

Many diseases have yielded to medical conquest in the last 50 years, and even more are expected to succumb to research in the near future. Many diseases not now susceptible to satisfactory medical control unquestionably will be treated successfully or prevented in the next 50 years.

Today's physician possesses the heritage of the knotted staff of Aesculapius. His staff is modern research combined with medicine's experience. You are the recipient of this heritage.



# The ghost of 1918

H. Walter

## INFLUENZA

**E**VERY now and then, like old movies that are revived from time to time, reports begin to circulate that "it's time for another influenza epidemic" or "we're in for another 1918 this winter."

These rumors seem to be based on the notion that influenza viruses are like seven-year locusts or total eclipses, lurking somewhere waiting to pounce when a certain page of the calendar is turned. The reports also assume that such a scheduled, inevitable epidemic could take a toll comparable to the estimated 20 million deaths reported throughout the world in the disastrous flu epidemic of 1918-19.

It just isn't so, authorities say. The key words in debunking the rumors are "pandemic" and "epidemic," which differ in an important way. An epidemic is a widespread local outbreak such as those that crop up in spots and cause brief consternation in one town before hopping to the next—or skipping that one and landing several states away. A pandemic is simply a world-wide epidemic, like "1918."

While spotty epidemic occurrences tend to follow a time pattern, no one so far has been able to find a way of predicting a pandemic, and it is doubtful if anyone will. If and when another one should threaten, two things would prevent its duplicating or even approaching the great World War I tragedy.

First is the development of immunization to prevent influenza and antibiotics to control the complications that took most of the lives in 1918.

Second is a world-wide influenza "alerter system" which operates quietly and around the clock without most people even knowing it, including influenza patients themselves. Its purpose is to get the jump on epidemics before they become pandemics.

This system, the International Influenza Program, was started in 1949 with headquarters at the International Influenza Center in London. The United States and all the other countries in the World Health Organization cooperate in this work. It serves as a clearing house for distribution of information about influenza and the viruses that cause it, and coordinates the work of "watch

stations" that keep track of influenza incidence. Lastly, it identifies the strain of virus involved in an outbreak and isolates new strains so that vaccine may be improved to combat them.

Of first importance is the prompt reporting of outbreaks of the disease. This is done in the United States through a network of laboratories with the individual physician as the keystone. He reports cases of influenza to his state health department, which tabulates the data. He also sends strains of virus to a nearby cooperating lab which classifies them by type or identifies new strains. Reports of "strain prevalence" go to the seven regional labs in the system and eventually to the Influenza Information Center in Washington, directed by Dr. Dorland J. Davis, a Public Health Service officer.

When the center receives word of a significant outbreak of respiratory disease suspected to be influenza, it may alert other laboratories in that region to carry out tests further corroborating identification of the strains



of virus. Once a virus is identified, reports are circulated about the nature of the strain responsible. Thus the cycle reaches the original reporting physician again, since these reports are useful to him in selection of vaccines to be used. Weekly reports are issued telling the number of cases and the strains prevalent in each area.

Besides giving the physician the necessary information for the practical application of the "alerter system," these reports help provide another important factor, public cooperation. When an outbreak actually begins or appears likely, regional Public Health Service offices issue news releases. Experience has shown one important result of publicity: industries with their own physicians have frequently offered flu vaccines to their employees after learning of a possible outbreak.

In addition, the news brings patients to their physicians' offices to seek protection. Sometimes it results in almost "too much of a good thing," as one public health official illustrated. An outbreak of respiratory illness was reported in a suburban town near Chicago. A few minutes after receiving a letter from a suburban physician who said he was running short of vaccine, the public health official received a phone call from the

cines are needed and then working to develop them for immediate use.

The idea behind the organization of the program was that vaccines effective against a strain capable of causing an epidemic could be available for use before the disease had spread extensively. Dr. James T. Culbertson, of the National Institutes of Health, explains it this way: "For example, under ideal circumstances, if such a strain were first isolated outside the continental United States, it could be incorporated in commercial vaccine and be available before the disease had reached these shores." This also could work for small areas of the nation to stop an epidemic before it extended cross-country.

For example, if influenza epidemics began to appear in a corner of Australia, then in Asia and again somewhere in Europe, the United States and other countries could be alert and ready to prevent a recurrence of "1918." Besides this safeguarding backdrop, reassurance is found in the opinions of Dr. Harold Graning and Dr. Hugh B. Cottrell, of the U. S. Public Health Service office in Chicago, that no such pandemic is even threatening.

Experience is certainly no help in charting the habits

### *The great world tragedy of the influenza scourge of 1918-19*

*may never be repeated, thanks to modern drugs and vaccines, and an international "alerter system."*

by MAE EANES

physician. "He said he was completely out of vaccine and his office was swamped with calls from patients wanting immunization," the official said.

Usually this problem can be handled locally. When influenza becomes widespread and more vaccine is needed, additional supplies can be ordered from four major pharmaceutical houses licensed by the National Institutes of Health. These pharmaceutical houses can recall vaccine from unaffected areas and send it where it is needed, if necessary.

While reporting outbreaks and starting the machinery for preventing their spread is a top job, it is equally essential to isolate new strains of virus. Vaccines are already available to protect against known strains, but vaccine against one strain is not effective against another. If a new type is found, a weapon against it must be developed separately. Thus, the laboratories in the Influenza Study system are continually testing agents responsible for an outbreak, to determine if new vac-

of pandemics; seven in the last 150 years were separated by periods ranging from three to 42 years, in no regular order. Thus, no one can predict just when another one might be likely. Dr. Graning said his favorite answer to the question of "pandemic prediction" is to recount the explanation given in a lecture by Dr. Roscoe Hyde, professor of immunology at Johns Hopkins University.

Dr. Hyde appeared for a lecture behind a table stacked with dozens of books, which he said were all about influenza. He explained he would have brought more but those were all he could carry. He had read them all—and more. After this thorough preparation, he said he felt qualified to make this statement, and no more: "The farther we get away from the last epidemic, the closer we probably are to the next one."

Whether the next epidemic is closer or farther than we think, the Influenza Information Study Program can be a major factor in keeping it from becoming a pandemic, or even a major epidemic.



*Whether you are  
a flash or a slowpoke*

## *Choose your*

by ANNIE LAURIE VON TUNGELN

**Using time and talents wisely saves wear and tear and gets more done than hurrying.**

THE other night after entertaining at a little dinner party, I was working in the kitchen at a quarter till twelve. The dishes had been stacked and rinsed, and I was washing them in a slow, leisurely way. Right in the midst of things I took time out to jot down an article idea that was brewing in my mind.

Suddenly, I realized that I was as happy as if I had been working rapidly. I hadn't even reprimanded myself, as I frequently used to do, for being slow. Instead of fretting because the dishwashing was taking so long, I was letting my mind wander at will and was actually enjoying the work.

I have three jobs, all of which I like immensely. The one by which I earn my daily bread has never been a problem. I start work as a teacher at 8 in the morning and, although there are sometimes meetings in the afternoon or at night, I usually close my door at 4 o'clock, feeling that I've accomplished with some degree of efficiency what I set out to do. It was making time for writing (by which I earn the marmalade for my bread) and housekeeping that plagued me. A feeling that I wasn't accomplishing enough, that I must constantly hurry, harrowed me.

Learning to work at my own speed has been a blessing. I'll never be able to thank a good friend enough for the sensible advice that started me on the right road. Although she works as a partner with her husband in business, she manages to care for her home

and family with calm efficiency. A fast worker herself, she can prepare dinner (a really finished product, too) in about the time it takes me to make the salad.

One day I was lamenting—as I fear I did too often—how slow I was.

"Why worry about it?" my friend asked. "I'm firmly convinced that people are geared to a certain speed. Some are geared to work fast and others to work slowly. We should all work at our own best speed. It gives me the jitters to poke along, but, apparently, it worries you to try to hurry."

She was right. I had been making desperate efforts to speed up. But I found that I was breaking dishes, upsetting food in the refrigerator and making countless errors in typing my manuscripts. I was winding up the day with a case of nerves and no more housework or writing done than if I had gone at them slowly.

My slowpoke complex dated back to childhood. When I was a small girl someone remarked that I was as slow as the seven-year itch. That, I recall, brought on a series of questions as to just what the seven-year itch is, what causes it and why it has that funny name. When told quite seriously that it's a disease which makes one scratch for seven long years, I was properly awed—if I was that slow, I must be very slow indeed! My mother sometimes playfully called me "slowpoke" or "Solomon Slow Coach." Although she did it in her kind, humorous way so that it didn't hurt, I was, nevertheless, impressed. Since she was so quick in her movements, she couldn't quite understand how her little daughter could be so slow, and I became puzzled, then concerned about myself.

My friend's advice set me to thinking. I decided that an old dog could learn new tricks—or at any rate, one old dog was going to try! I adopted a system—though perhaps I should say a plan, for I don't follow a rigid system—that has helped me immeasurably, and I believe



## own Speed

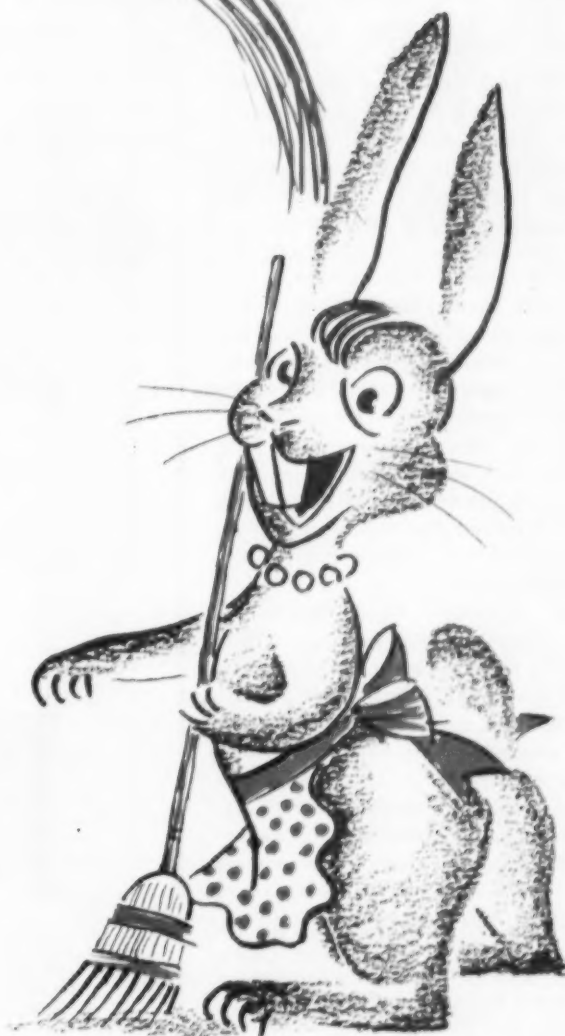
it could prove equally beneficial to others who are trying to carry on several jobs and feel they aren't making proper headway or should, for one reason or another, be speeding things up.

First, I've accepted my limitations. I no longer waste time being sorry for myself because I'm slow. I refuse to go into sackcloth and ashes when someone beats me in the time race. If I was meant to be a tortoise, there's no need trying to be a hare. There's only so much I can do. Realizing that I'll never set the world on fire with my accomplishments, I don't try; I'm now content to light a little flame to the best of my ability.

In the second place, I try to organize my resources in such a way as to make complete use of my capabilities. I'm learning to eliminate waste motion. I try to plan work ahead and do it systematically. I dare not fritter away those five or ten minutes between major tasks that quick workers have for killing time; I can dust the coffee table, sew on a button or read a little poem during such "parings" of time. I must work more steadily and efficiently than the average person to accomplish as much. Granted I can't get a company meal on the table in record time, as some women seem able to do, but by starting early and keeping at it, I make sure no guest ever starves at my home. Nor can I pound out a salable article in a few hours, as some folks do; but by putting down one word, then another and finally a sentence, I eventually get a piece written.

There's a certain satisfaction in knowing that, although my mind is very average, it can click right along even when my hands are going slowly. I can be digesting what I've read, planning an article or even mentally checking my next week's grocery list.

I am becoming more discriminating, too, in the use of my precious time, more selective in the activities I squander it on. I remind myself every now and then that the race is not always to the *(Continued on page 63)*



## I Am the Widow of an Alcoholic

(Continued from page 19)

ested people to aid him, the downward spiral may come quickly. Perhaps that is why, a year and a half after I left him, my husband was dead. It was as if he had to destroy me first, since I, alone, stood between him and his own self-destruction. Years later I was to see a parallel to my thought in Baudelaire's poem, "The Drunkard."\* This French poet, who writes with terrible clarity of the dark, twisted places in the human mind, tells of the drunkard's feelings after he has killed his wife—

*My wife is dead, and I am free!  
Now I can drink both night and  
day.  
When I came home without my  
pay  
Her crying upset me horribly.*

As I look back upon those sordid, heartbreaking years, it seems that I was always tense and exhausted, literally panting like a conscientious sheep dog trying to keep the flock from going over a cliff. I no sooner got trouble cleaned up in one spot than it broke out in another. I was so busy, as relatives of alcoholics usually are, nursing him through the jitters, repairing property damage, pulling strings to keep him out of trouble, apologizing to friends, covering up with employers, tracking down bad checks and desperately trying to stave off the next binge that I missed the basic problem altogether. I could not see the neurosis for the bottles.

In "Othello" Cassio cries, "O thou invisible spirit of wine, if thou has no name to be known by, let us call thee devil!" That is how it came to seem to me. Life closed down in an ever-narrowing circle until there was nothing in it but my husband and me and this devil I was fighting.

For years I never relaxed at any social function where cocktails were served or dared take more than a

few sips of my own, my face set in a stiff smile, trying to keep my anxious eyes off his bended elbow—trying by every stratagem I could think of to prevent these parties of gay, happy people from turning into the beginning of tragedy. After a while, we seldom went out. He drank alone with his foot on the brass rail or at home. When there wasn't money for expensive whisky it would be anything, quantities of cheap port wine, bitters even—straight out of the bottle. My problem was not always solved by tipping a doorman or driver to help me pour him into a taxi. Sometimes it became the humiliating and terrifying search on foot, literally in and out of swinging doors, once in Chinatown at 2 a.m.

The present-day, stepped-up program for education in alcoholism covers many aspects of life. One of them has for its goal the stamping out in stage plays and movies of the presentation of intoxication as a comic factor. It is doubtful that any woman who has ever had to go

searching for an alcoholic husband or seen him clinging to a lamp post for support ever thought that W.C. Fields was very funny.

My husband did not die directly of alcoholism but indirectly surely, of phlebitis and a neglected lung condition; the inability of his body, so long abused, to respond to treatment that came too late. At times he did not eat or sleep for days. He was six feet three and when he died he weighed 140 pounds.

Rich or poor, the alcoholic is often badly nourished, with a low blood sugar and depleted vitamin reserves. For such states he may receive intravenous injections such as the so-called Quaker cocktail, which contains glucose, insulin and thiamin, probably the only cocktail I had never heard of in those days.

For many people alcoholic bouts seem to come in cycles, signifying some underlying mechanism. I could practically chart my husband's to the hour, but nothing I did or didn't do seemed to prevent them. It never oc-



"The ski run is about a mile over. You might as well wait and ride in the ambulance, though—it gets called over a couple times an hour."

\*From "Flowers of Evil" of Baudelaire, translated by George Dillon and Edna St. Vincent Millay. Harper & Bros. Copyright, 1936, by George Dillon and Edna St. Vincent Millay.

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curred to me to give my attention to what made him drink; my whole activity was directed toward keeping him from it.

At such times I would keep everything at home serene and peaceful and he would say that he was bored and had to go out. When I invited people in he complained that a man who worked all day under the pressure he did couldn't be expected to come home to such a rabble: typical of the slippery reasoning found in alcoholics. I tried keeping liquor out of the house altogether, thereby les-

sening temptation, and then I would try having a plentiful supply to show I trusted him. Nothing worked.

After a while his behavior became so familiar to me that I could classify at a glance just how intoxicated he was by the set of his hat and the color of his face, pink, red or purple. I came to estimate his binges in terms of sleep-off time—three hours, six or nine. A three-hour binge was characterized by a rather gay effect with his hat tilted rakishly over the right eye. Invariably, at such times, I knew that I would find his pocket

full of torn up ten- and twenty-dollar bills. Spurred on by the admiration of his bar companions he delighted to play magician. A mere half dozen drinks did not impair the muscular coordination of his long, clever fingers. His favorite trick was to borrow a bill from someone, tear it before their eyes into small strips, flip his handkerchief and present them with the bill intact. The palmed by-product he brought home and morning would find me laboriously matching and sticking together the money to be presented at the bank.

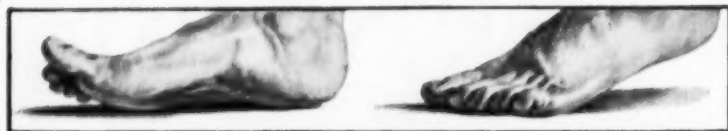
The second, or six-hour drunk, was recognizable by his hat precariously clinging to the back of his head and a benevolent, slightly maudlin mood toward all mankind. There would always be in his hand "one perfect rose" for the little woman; sundry friends, bartenders, doormen, headwaiters, orchestra leaders and taxi drivers having benefited by sums in treats and tips which would have added up to a month's payment on one perfect limosine!

Associated with the nine-hour sleep-off were no roses, hats or money. If I were lucky and did not have to go after him, I would have the privilege of throwing my coat on over my night clothes, and stumbling in my mules down the high stoop of the old, converted brownstone, I would find the glowing light and ticking meter of a taxi many times awaiting my last dollar.

Then there was the twist and the double twist. A superb actor with a strong, sadistic strain in his nature, my husband used to love his little jokes. I would hear the familiar fumbling at the lock, the stumbling steps in the hall, and catch a glimpse of a reeling figure with hat askew. Automatically, my nerves would tense, I'd feel the familiar pounding of my heart and my stomach would start to churn. He would take a few, faltering steps into the room, sweep off his hat with a low bow and then reveal his face—cold sober. The double twist came when something about the entrance made me think "this time he is fooling" and then he wouldn't be. It could be very real and very bad and the joke, as usual, was on me.

There was always steady drinking,

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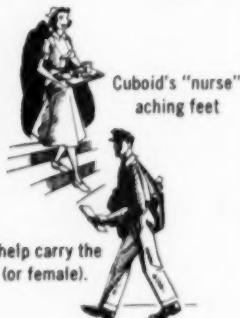
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"I have my own theories."

in the middle of the night should he awaken, before breakfast, and during it, when he turned his coffee into a *café royale* with brandy, at lunch-time and at the cocktail hour, and of course, a nightcap. But the real bouts came about every ten days. When they were had there might be suspension of work, big spending, disappearance, arguments in bars, even fights and arrests.

One time, waiting by the telephone, I said to myself, "Let me be ready to face the worst now when it rings. What is the worst? The police? The hospital? The morgue?" And suddenly I wished it would be the morgue, death, the end. My mind so distraught, my life so shattered, that it did not seem wrong to wish death to anyone when I wished it for myself. At least it would be over for both of us.

And then the telephone did ring. It was a friend who had run into him in rather bad condition in a bar and had taken him, after a little trouble, to his apartment. Before he passed out, my husband had roused himself enough to send me a message. "He intends to go to work from here tomorrow," the friend said, "and he wants you to take a taxi and get down here by eight o'clock. Bring all the cash you can get together—there's a little damage to attend to. And bring a clean shirt. There's something else he wants but I couldn't make it out."

"I know what it is," I laughed, at the point of hysteria. I had hit rock bottom, the nadir of the human spirit, a wish for us both to die—and he was asking for his mustache wax! It was typical of my fantastic canned-beans-and-caviar existence with an alcoholic genius. At such times, on his return, he would often try to calm me down by reading excerpts from Emerson's essay on compensation.

There came one terribly hot summer in Manhattan when the pattern changed. Perhaps he was actually entering a manic-depressive cycle with alcoholism superimposed on it. That is why the initial diagnosis of alcoholism is so important, for it may be a mask for many things—moronism, schizophrenia, latent homosexuality, cyclothymic personality or a sociopathic one.

At any rate, whatever the underlying cause, he began to talk even louder and faster than usual, spent money fantastically, quarreled with everyone he worked with and voluntarily quit his job. Almost overnight he went to the other extreme. He made no effort to look for another position, hardly spoke above a whisper and then often of suicide and specific ways to commit it. A veritable Beau Brummell all his life, he neglected his appearance and spent the entire summer inside the house unshaven and attired in a bathrobe. It was the most nerve-wracking thing I had ever experienced and I would

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have welcomed the old binge pattern that I knew so well.

He was never drunk and never sober, just once removed from me. Sometimes, in desperation, I looked long into his blank eyes, trying to find him, but he wasn't there. He was wandering alone in some gray nether land and nothing would seem to bring him back. I felt like a bigamist. My husband had gone and I was living with a stranger. He asked only for a daily supply of port wine which I helplessly got for him, though it became increasingly harder to do so.

He used up what little of his salary I had been able to save during his wild spending period and cashed my last check for some writing I had done. In the past year, I had, in my spare time, been able to sell some articles and radio plays, though most of my energies had been given to holding him together. Then I sat down in earnest and tried to earn enough money to support us. It may have been one of those dry periods that hit all creative people—more probably the muddled condition of my mind due to the pressure I was under—but I found that everything I wrote was returned. It was trash. I told myself that I did not dare take a job and leave him in his depressed state of mind, but actually I feared going out myself. I was lost, too, in my own neurotic world.

I was beginning to reel and stumble when I walked on the sidewalk and whenever I had to talk to anyone I was afraid that I would either burst into tears or not be able to speak at all. I gasped and stuttered and swallowed air. There didn't seem enough air in the world for me to breathe.

Seeing no way out, I lost my judgment completely. His old friends and family were three thousand miles away and then, too, there was the element of false pride. Before my marriage I had been secretary to my husband's brother and, feeling some responsibility, he had warned me.

I knew at the time that my husband drank but so did most of the men I knew. I was aware that he had gotten into trouble over it but I put that down to youthful bad judgment, a too-eager zest for life,

to being unloved and a misunderstood genius. I felt if I showed my faith by marrying him, and loved him devotedly and said please, that would be enough. He'd told me so.

But my brother-in-law knew many things I did not. He knew the difference between heavy drinking and potential alcoholism. The handwriting is always on the wall if you take off your rose-colored glasses.

Facing my future brother-in-law across his desk, the green blotter had seemed to stretch miles and miles between us—so far that I could hardly hear him. "Marrying that guy will be like falling from a rosy pink cloud to a bed of spikes," he said, and from my rosy pink cloud I gave him only a small, cool Mona Lisa smile and prepared to depart. So how could I telegraph him from my bed of spikes?

As long as I remained with my husband I felt I could not ask my mother for help. She had divorced an alcoholic husband when I was three years old and had then the double burden all through the years of being both father and mother to me. I had no memory of being exposed to my father's alcoholism but it had shadowed my life in many ways. And though it may seem strange that the daughter of an alcoholic would marry one, it is not uncommon. Psychiatrists are familiar with people who feel an unconscious drive to follow a pattern or "live out" the lives of their parents. There is also the possible consideration of masochistic element, of associated guilt requiring self-administered punishment. Here is proof, indeed, that any work done in alcoholism is "preventive" work, since its effect is felt in so many other social spheres.

And here, too, is a commentary on a phase of alcoholism much discussed. Whether or not it is hereditary. Both my husband and I, though we never suffered any real physical deprivation from it, had had alcoholic fathers. He had become an alcoholic. Although I had been exposed to heavy drinking for many years, I had not. Our cases would, therefore, seem to bear out the present medical conclusion, that people reared in a home where alco-

holism is present know a basic insecurity and are disposed to neurosis, especially during times of mental stress, but not necessarily alcoholism.

My own neurosis took another form. There were psychosomatic disturbances. I remember telling the doctor that every day at five o'clock I had an attack of diarrhea. There were many phobias. Especially pronounced was the one commonly called "street fear," in which I became faint and dizzy when forced to walk abroad. And always, there was a high degree of anxiety and indecision.

"You must look for work," I kept telling my husband. "I must look for work. We must get into a cheaper apartment." To every suggestion he would only whisper, "No," and sometimes burst into tears. And I would put off a decision for another day.

Frantically I pawned his winter suits and overcoats to keep us going yet another week, choosing them because it seemed easier to walk out of the apartment with them: the other tenants would think I was going to the cleaners. Every day I hoped he would pull himself together but he didn't.

Then one particularly suffocating day I took a wedding present of a silver tray under one arm and a gold evening shawl under the other. I wore a cape to conceal them. I walked blocks and blocks in the hot sun, the pavement searing my feet through my thin soles. The pawnbroker turned me down. Perhaps from my distraught appearance he thought I had stolen them.

Before my marriage I had held down some writing jobs, script-reading for a major studio, advertising and publicity, but I made no attempt to look for anything in that line. I found a temporary job doing the simplest clerical work possible in a publisher's office. Because of my shattered nerves and inability to concentrate I had all I could do to hold that. Traveling back and forth became a nightmare to me.

In the late fall he was to pull himself together and go out and get another job. It eventually led to his directing a crew of draftsmen on a \$25,000,000 apartment house, and all

back bills were paid. But I never recovered from that terrible summer. Irreparable damage had been done to my nervous system and eventually I had to leave.

*Next month: Where to turn for help*

### Is Your Weight Normal?

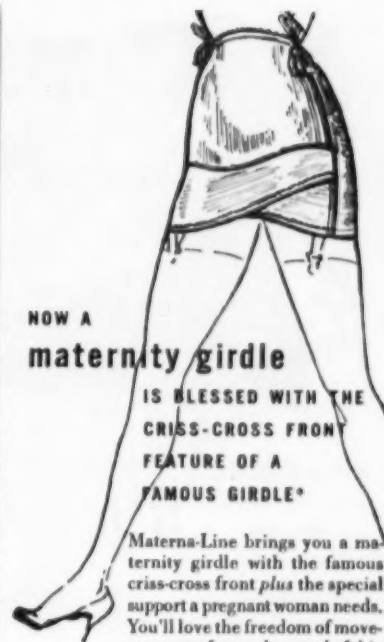
*(Continued from page 43)*

those caused by obesity. An effort should, therefore, be made individually in each case to estimate the desirable weight level, with both its upper and lower limits of normal. Unfortunately it is difficult at this time to define satisfactorily the meaning of normal weight. Our chief hope lies in devising simple office methods for accurately measuring the degree of human fatness. The skinfold technique may be the answer, but it is altogether too early to tell. In addition, we should avail ourselves of all other methods known to us at present. Bodily inspection in front of the mirror, by tape measure and the scales are all helpful. When charts are used, those allowing weight gain with advancing age (in adults) should be avoided. Many public scales even today persist in featuring these obsolete tables. The goal in reducing should be not partial but complete cure, which means the attainment of a satisfactory and desirable weight level. Once attained this should be guarded jealously, and even small deviation either above or below the normal should be corrected as soon and as thoroughly as possible.

#### Calorie Needs of Adults by Age

	WEIGHT (pounds)	HEIGHT (inches)	CALORIES
<b>MEN</b>			
25 yrs.	143	67	3200
45	143	67	2900
65	143	67	2600
<b>WOMEN</b>			
25	121	62	2300
45	121	62	2100
65	121	62	1800
<b>PREGNANCY</b>			
(Last 3 months)			Add 400
<b>NURSING MOTHERS</b>			
Milk, 4 glasses daily			Add 1000

Adapted from Food and Nutrition Board, Recommended Daily Dietary Allowances, Revised 1953.



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## When the Family Must Move

by ELIZABETH B. HURLOCK, Ph.D.

CHILDREN are creatures of habit. They like the old familiar things in the old familiar places and they like the people they are accustomed to. Even when the urge to explore takes them away from these places and people, knowing that they can return to the home, the neighborhood and school they are accustomed to gives them a feeling of security.

Life in modern America, however, does not always make it possible for families to remain in one place until the children are grown. Business, service in the armed forces, family obligations or a desire to improve the living conditions sometimes makes a move essential.

When the pattern of living is broken and a new pattern must be established, emotional tensions are inevitable. Adults who have had some background of experience in making adjustments to new places find moving difficult enough, but for a child, whose experience along these lines is limited, the adjustments may be doubly hard.

Studies of children have revealed that family moves often intensify existing problems and may lead to new ones. However, this is not inevitable. Many children have been able to do better work in a new school than in the old and have made themselves more popular with their new classmates than the children who were never uprooted.

It is apparent that uprooting, *per se*, is not necessarily harmful and may even be beneficial. To promote the beneficial side for the children, whether toddlers or teen-agers, here are some things parents can do when the family must move:

1. Prepare your child psychologically. Try to arrange to let him see his new home, the school and the Sunday school he will attend and, if possible, have him meet some of the children in the new neighborhood and school. Then, when he makes the move, he will not feel so much like a stranger.

2. Treat the move as an adventure. A child's attitudes reflect his parents' attitudes. If you stress the fun he will have in his new home, you will soon convince him as well as yourself that the family is about to embark on an exciting adventure.

3. Discuss things that you, as a family, will want to change when you go to your new home. While talking about matters relating to the home, you can bring up the subject of behavior. A child can profit by his past mistakes in social relationships just

as the family can profit by mistakes in the selection of wallpaper or paint.

4. Keep the family together during the move even though the presence of children may delay "getting settled." Sending children to stay with relatives or friends while the parents move tends to increase the feeling of insecurity that moving creates. Keeping the family together and taking time out from unpacking to do things together increases family solidarity. At the same time, family activities can fill the void in a child's life created by leaving his old friends.

5. Fix up the children's rooms first. If a child's furniture, play equipment and books are in place, he will quickly feel at home. For an older child or teen-ager, an opportunity to decorate his new room as he pleases will go a long way toward counteracting home-sickness for his old room.

6. Invite the neighbors to come to an open house as soon as possible after moving. Do the same with each child's classmates. Nothing breaks the ice more easily than being a guest in a person's house, and this has the added advantage of making the child the center of attention.

7. Join the church and other community organizations and take an active part in them. When parents set the example of living happy, busy lives in the new community, children will do likewise.

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Dr. Hurlock, mother of two teen-age girls, is past president of the American Psychological Association's Division on the Teaching of Psychology, and former secretary-treasurer of its Division on Childhood and Adolescence.

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8. Encourage older children and teen-agers to keep up their old friendships by letter-writing or having old friends visit them in their new home. A feeling of security comes from keeping old ties alive until new ones are firmly established.

9. Accept the customs of the new community even though they may differ markedly from those of the community you have just left. Nothing makes adjustment of a child to a new group more difficult than being "different," and this is increasingly true the older the child is. On the other hand, a child who dresses and acts like the other children soon becomes one of them.

10. Because holidays are family days, try to arrange to be with relatives, either in your home or theirs, for the different holidays. If this is impossible, arrange to celebrate with another family in the same boat as you. A festive celebration of Thanksgiving or Christmas in the new home will crowd out memories of other celebrations in the old home. Even more important, it will forestall the wish to return to the old home which a celebration with just the members of the immediate family is likely to give rise to.

*Technical Ticklers*

The following questions are based on information in this issue of *Today's Health*. Turn to page 63 for the answers.

1. What is a common error when a tourniquet is applied?
2. How many cold viruses have been identified?
3. What is one thing that makes it especially hard for a child to adjust to a new community?
4. What are the two functions of the large bowel?
5. What is probably the best way to be satisfied with life?
6. What two proteins are believed responsible for muscular action?
7. What hormone controls the body's water content?
8. At what time of day do we weigh least?
9. What is a pandemic?

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## today's health FILMS

Edited by RALPH P. CREER,  
Secretary of the A.M.A. Committee on Medical Motion Pictures

### Mrs. Hazard's House

Color, 16 mm., sound, showing time 18 minutes. Produced in 1954 by King Horton Productions, Los Angeles, for and procurable on loan or purchase (\$79.20) from Prudential Insurance Co. of America, 5757 Wilshire Blvd., Los Angeles.

"Mrs. Hazard's House" emphasizes the need for parents to practice and teach safety habits in order to prevent child accidents in and around the home. It shows many of the possible hazards in a house and warns of potential danger points for children. This film is well done, particularly the graphic presentation of hazards to be found in the home. It is recommended for parents and classes of prospective parents.

### Eat for Health

Color, 16 mm., sound, showing time 11 minutes. Produced in 1954 by Encyclopaedia Britannica Films in collaboration with James R. Wilson, M.D. Procurable on rental or purchase from Encyclopaedia Britannica Films, Inc., 1150 Wilmette Ave., Wilmette, Ill.

A new approach to teaching children to eat a well-rounded diet is introduced in this film. Using the five fingers of the hand as an always available check-off device, the film identifies a food group with each finger: bread and butter or marga-

rine; milk and cheese; meat and eggs; vegetables; fruits. This is a natural classification of foods based more on the way people eat than previous classifications.

In presenting the reasons for eating certain foods, and particularly a well-rounded diet, the film's story brings in a number of the leading youngster's schoolmates who have profited from each type of food. The film could be used most effectively at junior high school levels, although children in the intermediate grades would probably understand with the assistance of a teacher. It could also be used with adults to illustrate patterns for food selection and provide a basis for aiding children with their eating problems.

### Children With Nephrosis

Color, 16 mm., sound, showing time 12 minutes, cleared for television. Produced in 1954 by Campus Film Productions for the National Nephrosis Foundation under the medical supervision of Robert E. Cooke, M.D., Yale University. Procurable on loan from National Nephrosis Foundation, Inc., 1123 Broadway, New York, or Pfizer Laboratories, 630 Flushing Ave., Brooklyn 6.

The purpose of this film is to inform the general public of the existence and characteristics of nephrosis in children, and to facilitate the work and growth of the National Nephrosis Foundation, Inc. It shows the onset and some of the physical and laboratory tests in a case of nephrosis. Sequences showing children with nephrosis illustrate the course of the disease and some of the complications. The film touches on the parents' problem of living with a chronically sick child and the need for funds for hospital facilities and continuing research so that more of the young victims will live. It presents a good picture of the relationship between the physician and the child and his parents. It points out quite



From "Eat for Health"

well some of the laboratory work that is necessary to help the physician arrive at a diagnosis, control and treatment. This excellent picture is recommended for PTA meetings and other parent groups.

**It's All in Knowing How**

Color, 16 mm., sound, showing time 13 minutes. Produced in 1954 by the Chicago Film Laboratory for the National Dairy Council and affiliated units. Procurable on loan or purchase (\$150) from Association Films, Ridgefield, N. J., and its regional offices.

An adolescent boy falls into poor health because of carelessness about his living and eating habits. The film

progresses through his reawakening with the interest of his parents, a teacher and friends. The action is climaxed by an animated chart demonstration of desirable food selection and concludes with the gradual but not miraculous return of physical and emotional health as the boy pays attention to taking care of himself. The nutritional information is scientifically accurate, and the film is suitable for acquainting parent-teacher and young people's groups with the problem and as a basis for discussions of adolescent psychology and nutrition.

**Choose Your Own Speed**

*(Continued from page 53)*

swift. There's consolation in the thought that much of the best work of the world is not the result of sudden bursts of enthusiasm and energy. It has been achieved by a planned program and sustained effort day after day. Some people with quick minds that flash brilliant ideas scatter their talents so completely that they accomplish less than the plodders.

Keeping at the task in hand with singleness of purpose requires self-discipline. To accomplish this, I must renounce some things. Important and enjoyable as sociability and recreation are, I allot only a fair amount of time to them. I've learned to say a clear and emphatic "No" to excess demands on my time and energy, to decline invitations now and then, to read only what I enjoy or think will be of some benefit to me. There are certain pleasures that I simply must forego, though as time passes I find that the glamor has worn off of many diversions that once seemed important. I used to spend considerable time at the movies just to be "going to the show." I no longer do that. I don't care one iota whether I can talk knowingly about "what's on" at the local theaters or about the latest stars. It's the same with lectures, concerts and stage shows—some I must give up. I refuse to exhaust my limited time and resources purposelessly.

Finally, I have learned to set myself *attainable* goals. Nothing is more

discouraging than striving for the unattainable. My goals are determined by my own accomplishments, potentialities and talents—not by someone else's. I've grown beyond comparing myself with someone who works more rapidly than I. I just try to surpass my own past efforts.

I find that I accomplish more and come to the end of the day far more relaxed than when I was trying to whip myself into attaining someone else's speed. I'm more than content now to work at my own speed.

**Answers to Technical Ticklers**

*(See page 61)*

1. It is put on too loosely. ("Tourniquet Misuse," page 17.)
2. Ten or more. ("What We Know About Colds," page 24.)
3. Being "different." ("When the Family Must Move," page 60.)
4. Water absorption and temporary waste storage. ("A Reliable Sett of Bowels," page 29.)
5. Set yourself attainable goals. ("Choose Your Own Speed," page 52.)
6. Actin and myosin. ("Muscles," page 36.)
7. Pitressin. ("The Kidneys," page 46.)
8. In the morning before breakfast. ("Is Your Weight Normal?" page 40.)
9. A world-wide epidemic of some disease. ("The Ghost of 1918—Influenza," page 50.)

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## for Better Living

Edited by  
EVELYN J. DYBA

**For Mothers with Growing Daughters.** A booklet, "How Shall I Tell My Daughter," has been designed by **Personal Products Corporation** to help mothers introduce the subject of menstruation to young girls. If your daughter is between nine and 12 years old, you will also want her to read "Sally and Mary and Kate Wondered." For your free copies circle 292.

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# IS THERE ONE QUESTION YOU'RE TOO SHY TO ASK YOUR DOCTOR ?



MOST PEOPLE are able to talk freely to their doctor about every aspect of their treatment—*except one*. The question, "How much is it going to cost?" and of how payment is to be made, often leaves the frankest patient tongue-tied.

Many refrain from bringing up the subject out of a sincere respect for their doctor, supposing it somehow unbecoming to talk about money to the man they are entrusting with their life. Many professional societies are now trying to clear up this misconception. For example, you may have noticed a significant plaque

which now hangs in thousands of physicians' waiting rooms. It says:

*"To all my patients—I invite you to discuss frankly with me any questions regarding my services or fees. The best medical service is based on a friendly mutual understanding between doctor and patient."*

Sometimes, of course, your doctor cannot tell you in advance, precisely what a

course of treatment or an operation is going to cost. But you will always find him willing to discuss the subject, and to tell you if he can. Today more than ever before in medical history, the bill your doctor sends you can represent one of the really big bargains of your life—in terms of health, happiness and peace of mind.

So don't let any unasked questions stand in the way of that "friendly mutual understanding" which is the basis of better medical care for you and your family.

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